

Name
in
Full

Frank M. Albaugh

CERTIFICATE OF DEATH

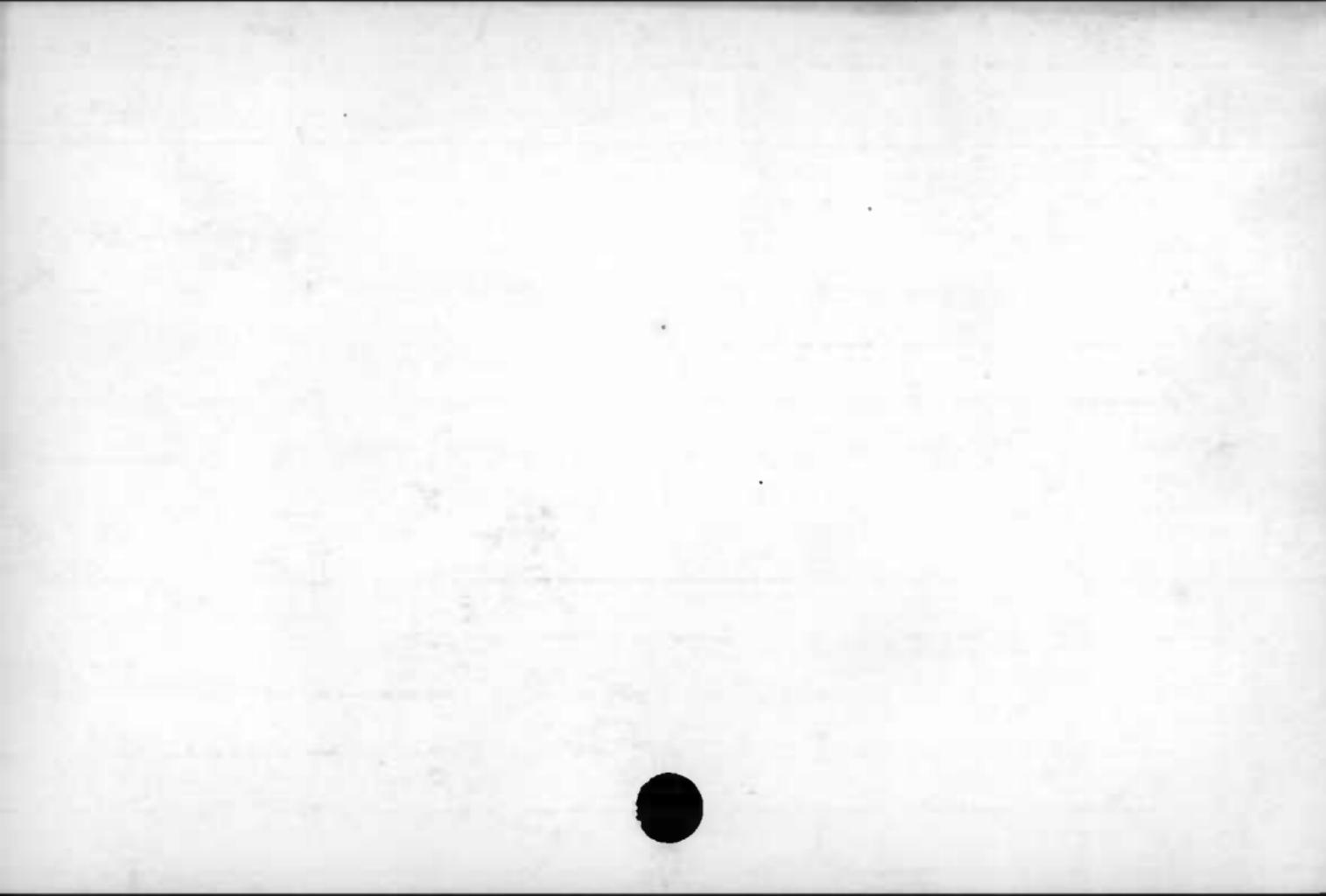
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Fredens	Fred			
Date of death	Month	Day	Years	Months	Days
1905	12	12	2	3	2
Sex	Male	Color or Race	wh	Birth-place	md
Occupation	+		Where Residing if not at place of death	+	
Married, Single or Widowed	+	Name of Wife or Husband	+		
Father's Name	Eugen W. Albaugh			Father's Birthplace	md
Mother's Maiden Name	Maggie Moore			Mother's Birthplace	md
Name of person giving Information	—		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Scarlet fever	How long	4 days
Immediate	Broncho-Pneumonia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John F. Goodwin, M.D.
Yr		Address	Fredens
Accident or Suicide?		md	



Name
in
Full

Stillborn Infant, Alexander H. m. CERTIF
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

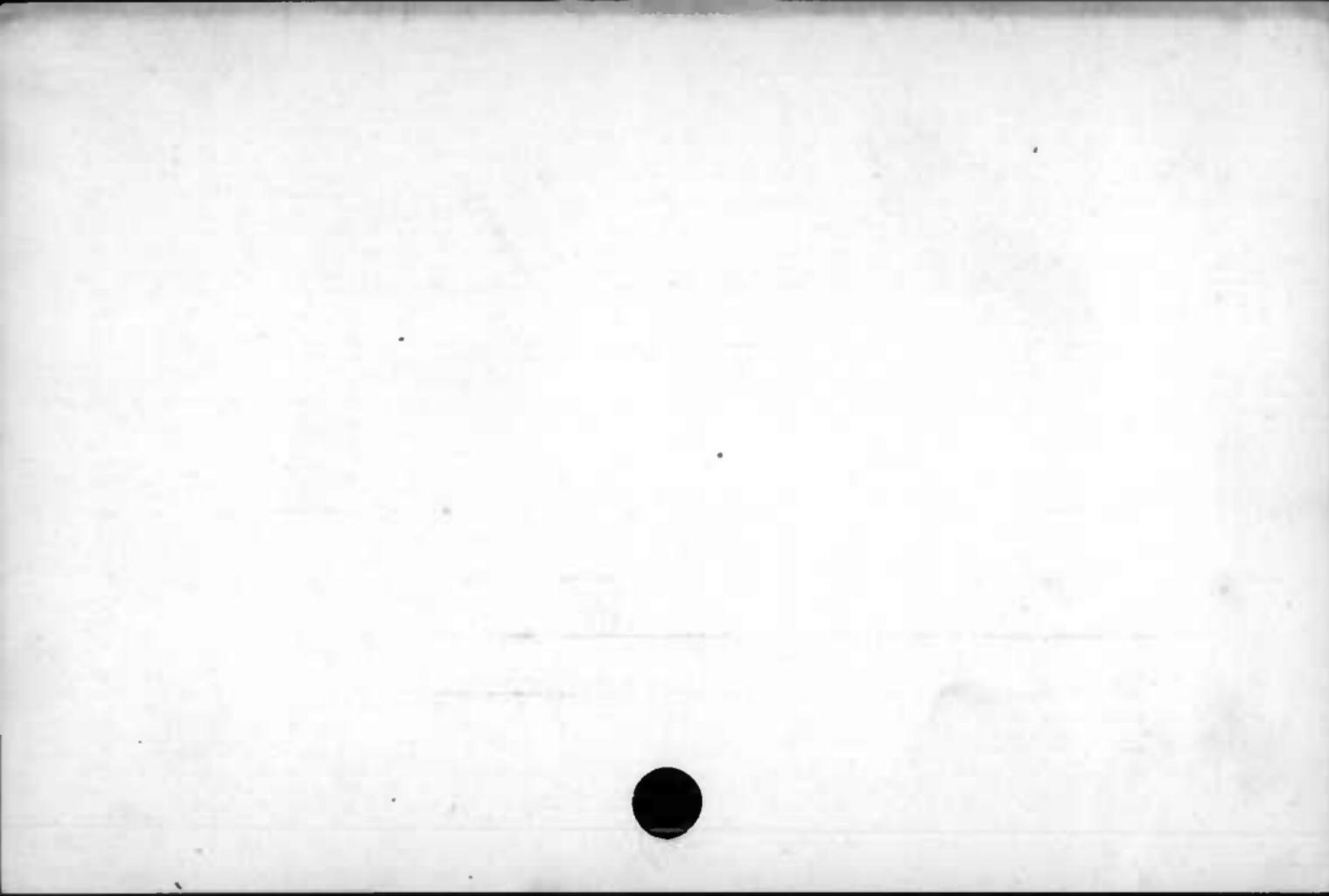
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month 12	Day 8	Age	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Woodboro, Md.		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Louis Alexander		Father's Birthplace				
Mother's Maiden Name	Silvia Anders		Mother's Birthplace				
Name of person giving information	How related to deceased						

CAUSES OF DEATH

Primary	Penvaline	S.	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yrs.	Signature of Physician	W.H. Sable, Woodboro, Md.
Address			
Accident or Suicide?			

PHYSICIAN OR CORONER



Name
in
Full

Joseph D. Andes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1905	Month Decbr	Day 8	Years Age 70	Months 3	Days 22	
Sex Male	Color or Race White	Birth-place Maryland				
Married, Single or Widowed Married	Occupation Retired Farmer					
Name of Wife or Husband Mary Smith						
Father's Name William Andes	Father's Birthplace Maryland					
Mother's Maiden Name Not known	Mother's Birthplace					
Name of person giving Information Thomas Smith	How related to deceased Nephew					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia double

How long

Seven days

Immediate

Exhaustion

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

Yes -

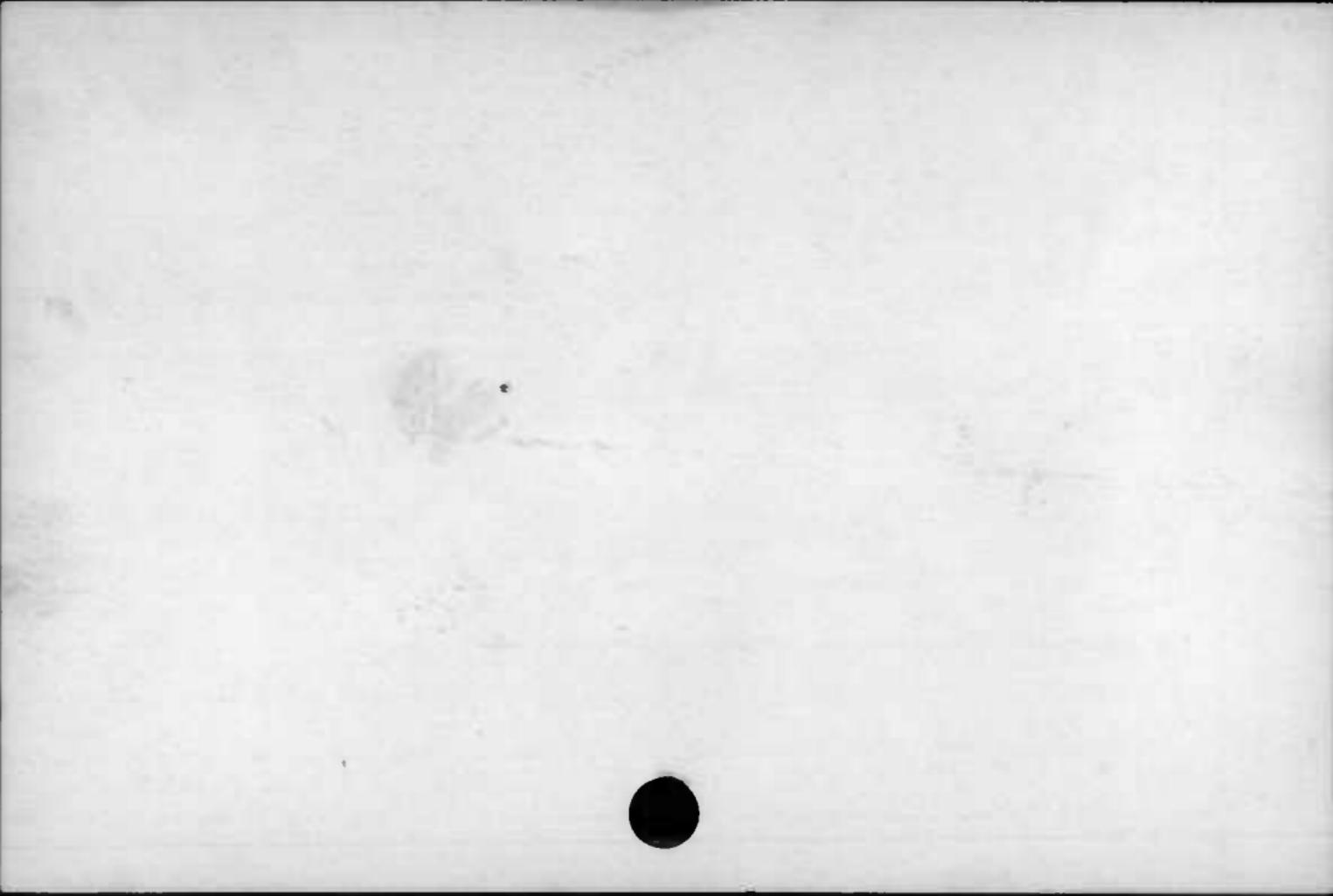
Signature of
Physician

Tho. P. Sappington M.D.

Address

Unionville
Maryland

Accident or Suicide?



Name
in
Full

Ernest Banks.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Montgomery Hospital</u>		County <u>Frederick</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>12</u>	Day <u>14</u>	Age <u>26</u>	Years	Munths	Days <u>19</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Virginia</u>				
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Ernest Banks</u>					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Miliary Tuberculosis

How long

6 months

How long

Immediate

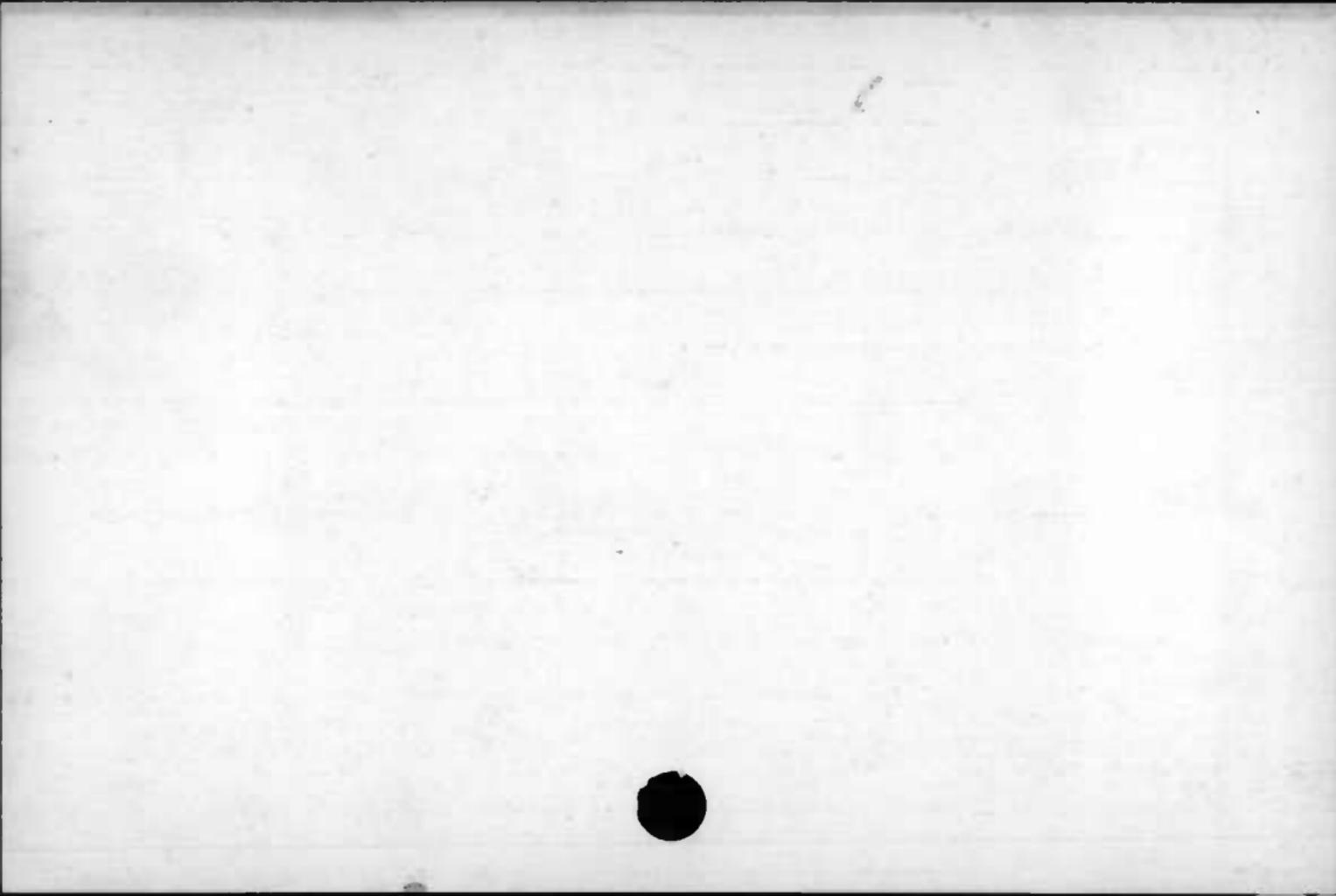
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. S. Tyson.
Frederick.
Md.

Accident or Suicide?



Name
in
Full

William A Barnard

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Brunswick</u>		Town <u>Frederick</u> County <u>MARYLAND</u>	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>8</u>	Years <u>37</u> Months <u>11</u> Days <u>11</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>md</u>	
Occupation <u>B&O Conductor</u>		Where Residing if not at place of death	
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Alice Thomas</u>		
Father's Name <u>William A Barnard</u>	Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Anna R Thomas</u>	Mother's Birthplace <u>md</u>		
Name of person giving information <u>Alice Barnard</u>	How related to deceased <u>wife</u>		

CAUSES OF DEATH

Primary Pulmonary Tuberculosis (1) How long 18 md

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

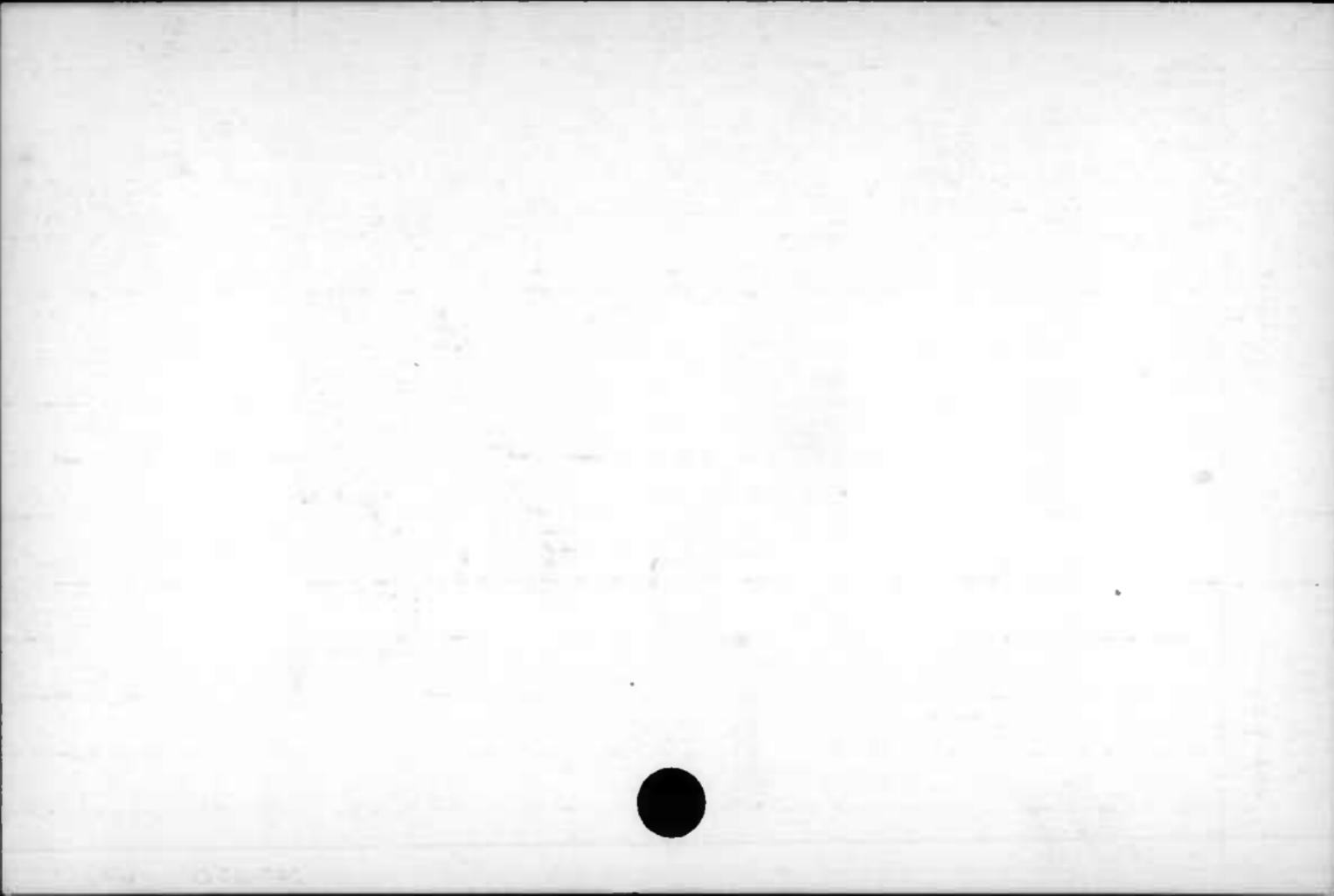
Signature of Physician

A. J. Horine

Address

Brunswick md.

Accident or Suicide? no



Name
in
Full

Elyobeth E Bonnick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Kyd dletown		County		MARYLAND	
Date of death	Month	Day	Years	Munths	Days
1905	Dec	12	About 78		
Sex	Color or Race	Birth-place			
Female	White	Ind.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Father's Birthplace				
Levi Bonnick	Ind				
Mother's Maiden Name	Mother's Birthplace				
Catherine Kohlenberg	Ind				
Name of person giving information	How related to deceased				
Hattie Reinhardt - (10)					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

valvular heart trouble & sclerosis

How long

unknown

Immediate

collapse & general debility

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

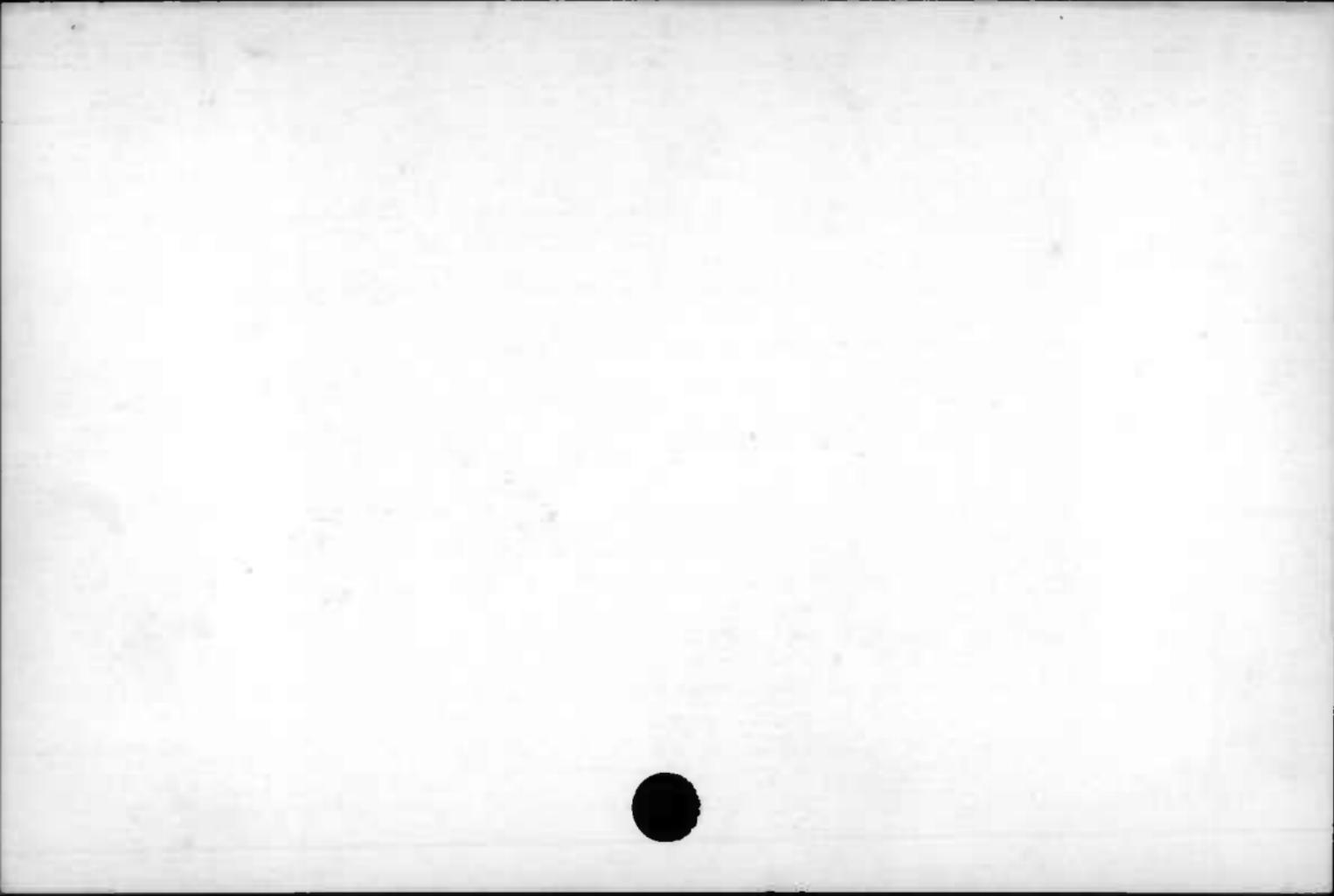
E L Beckley

Address

Kyd dletown

Ind

Accident or Suicide?



Name
in
Full

Rice Blanche

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Buckystown</u>		Town	County <u>Frederick Co</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>12</u>	Day <u>19</u>	Years <u>20</u>	Age <u>20</u>	Months <u>—</u>	Days <u>15</u>
Sex <u>Female</u>	Color or Race <u>Caucasian</u>	Occupation		Where Residing if not at place of death <u>Buckystown</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Fulton B. Rice</u>				Father's Birthplace		
Mother's Maiden Name <u>Sallie Shaffer</u>				Mother's Birthplace		
Name of person giving information <u>Father</u>				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Laryngeal Tuberculosis

(78)

2 years

How long

Immediate Aethinon

How long

Are the name, age, sex, color, date and place correctly given above?

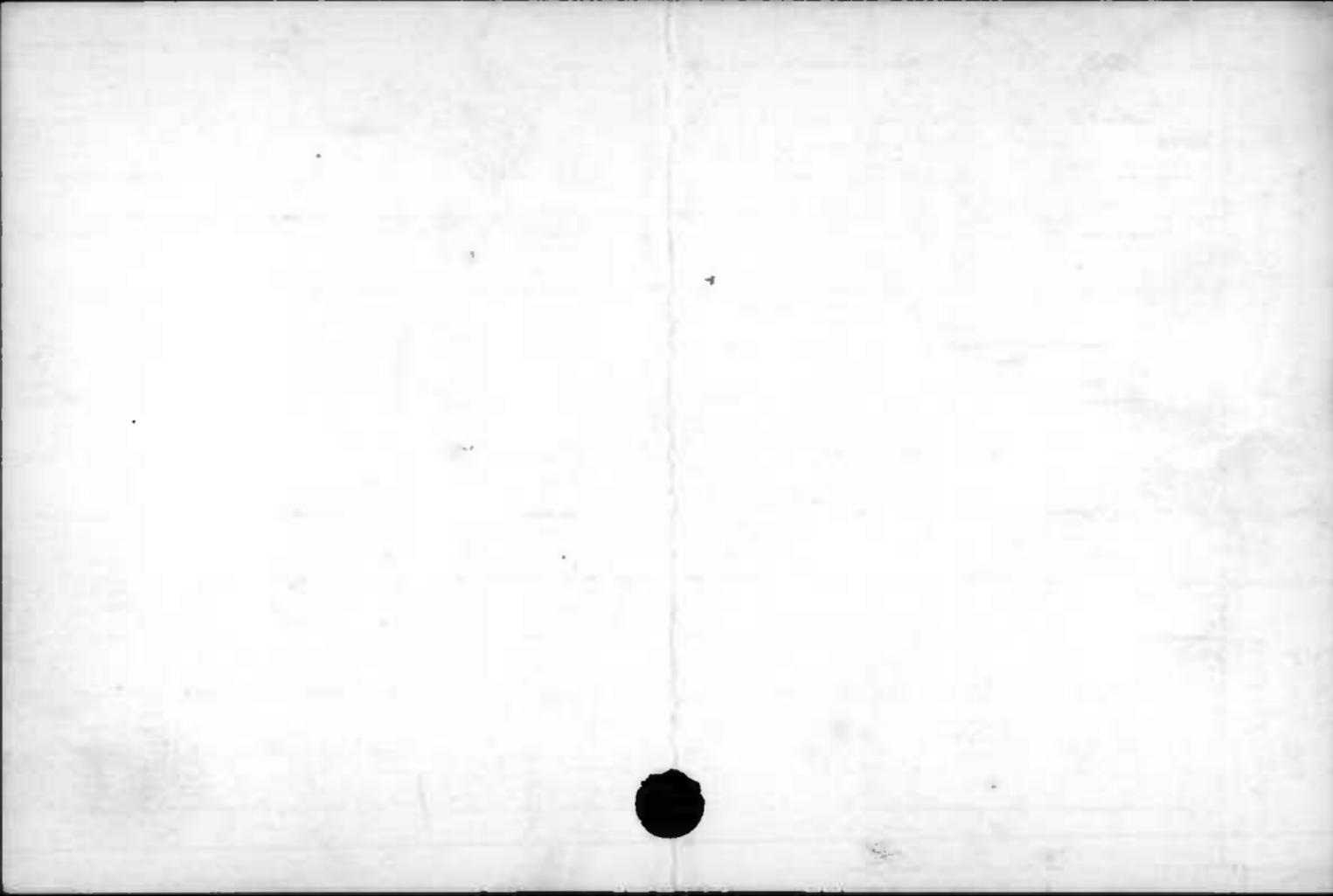
Yes

Signature of Physician

Address

H. P. Fahmey MD
Frederick MD

Accident or Suicide?



Addie E. Bohm

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Araby	Fredtk		Months	Days	
Date of death 1905	Month 12	Day 14	Age 37	Years	
Sex Female	Color or Race white	Birth-place Ned	4	18	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	Wm Bohm			
Father's Name	John Zimmerman				
Mother's Maiden Name	Elijah Castle				
Name of person giving information	Wm Bohm				
	X				
Father's Birthplace	Ned				
Mother's Birthplace	Ned				
How related to deceased	Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Papilloma (abdominal)		How long	12 years
Immediate	Exhaustion		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Wm Johnson
			Address	Fredtk Ned

Accident or Suicide?

J. Schreyer Dec 14/05
Mr. Oliver

Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

Annie B. Bowers

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Commetburg</u>		Town	County <u>Hendricks</u>		
Date of death <u>1905</u>	Month <u>12</u>	Day <u>8th</u>	Years <u>39</u>	Months <u>1</u>	Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>white</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Commetburg</u>				
Married, Single <u>Married</u>	Name of Wife or Husband <u>Isaac S Bowers</u>				
Father's Name <u>William Higley</u>	Father's Birthplace <u>Carroll Co</u>				
Mother's Maiden Name	Mother's Birthplace <u>11</u>				
Name of person giving Information <u>Isaac S Bowers</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gun shot wound

How long

Immediate

How long

Instant

Are the name, age, sex, color, date and place correctly given above?

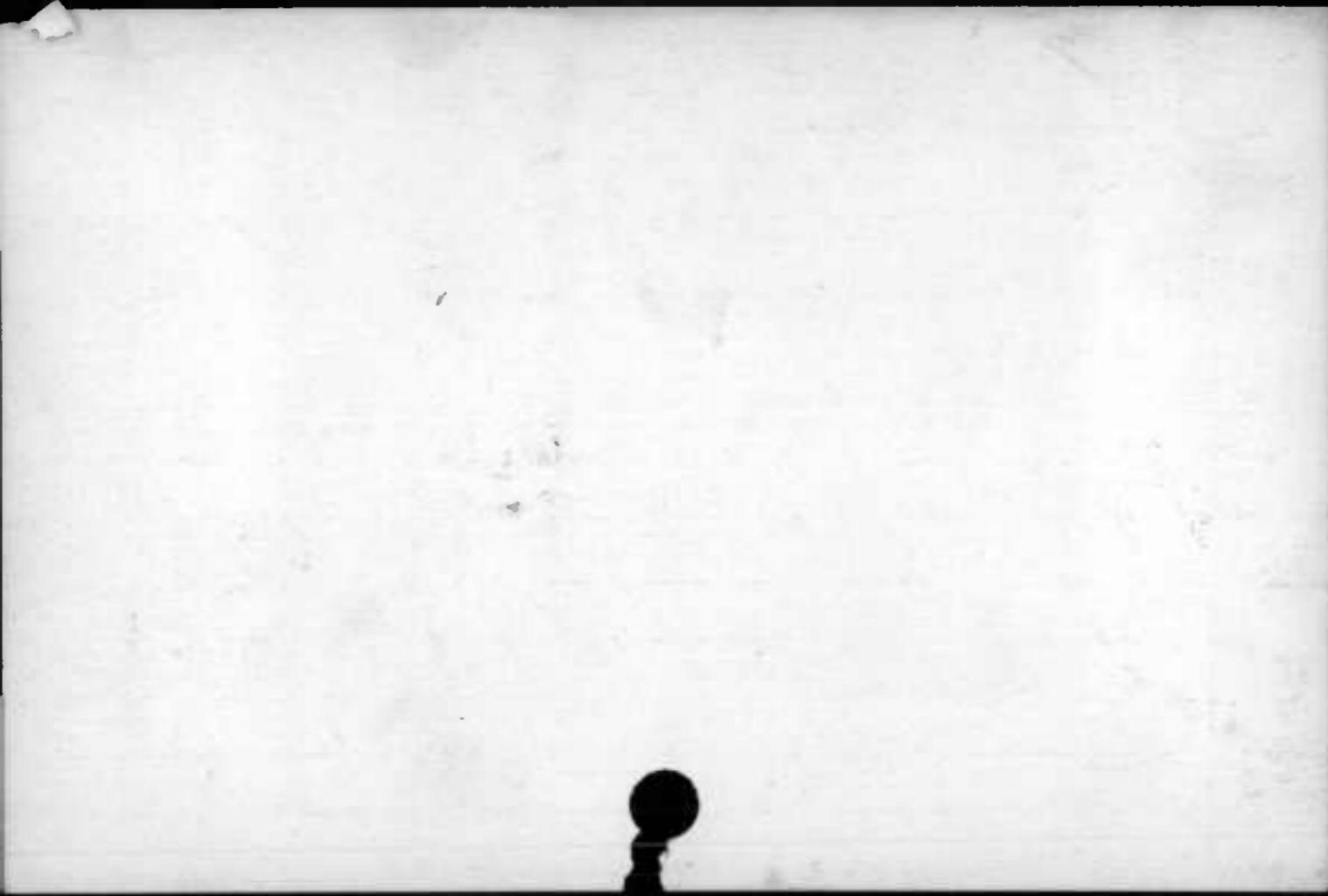
yes

Signature of Physician

Address

Henry Stokes Coroner
24, Survey,
Cundallor

Accident or suicide



Name
in
Full

Geo. Emory Bowers

CERTIFICATE OF DEATH

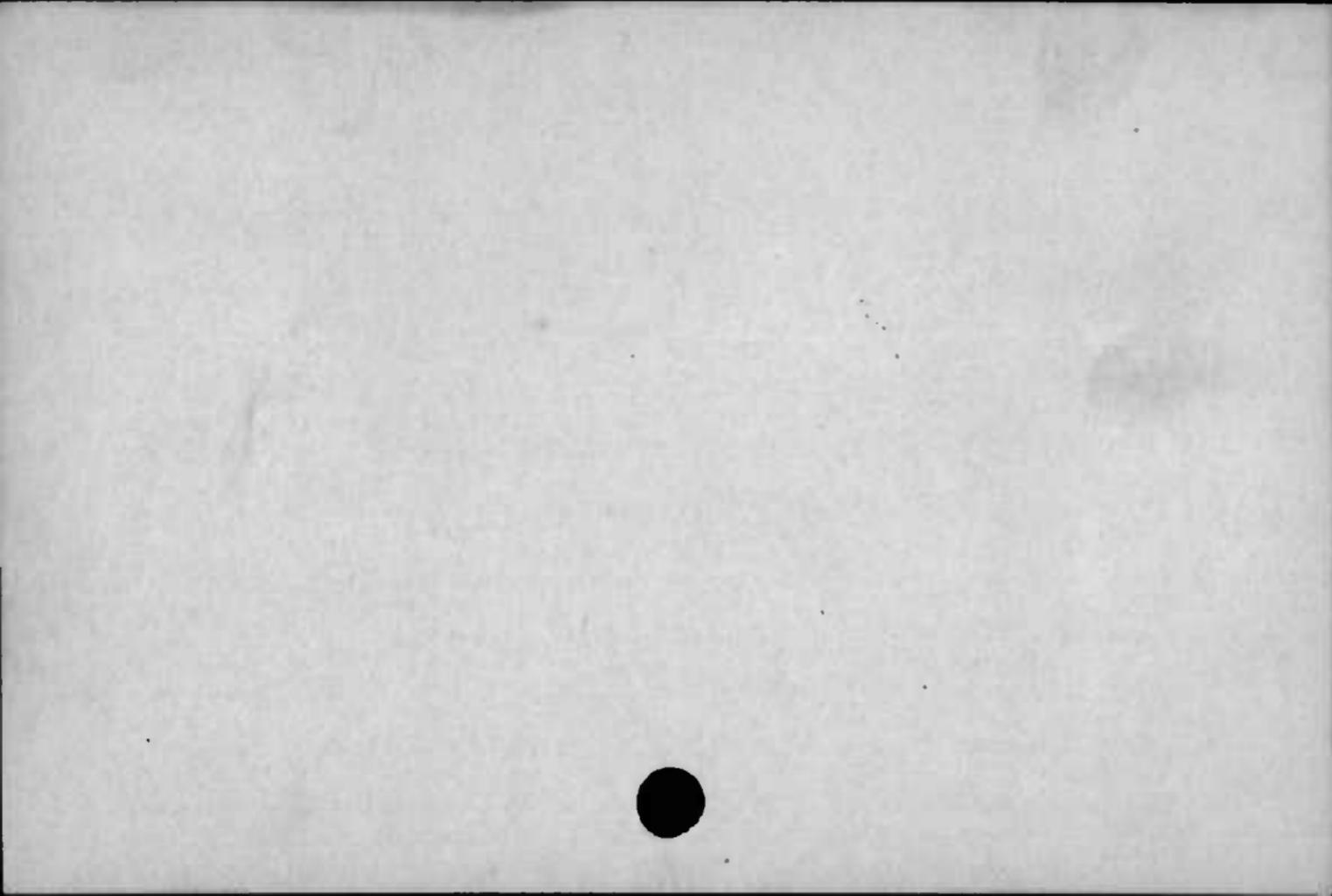
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	24	2	20
Occupation	Bricklayer on R.R.		Where Residing if not at place of death		—	
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Morgan Bowers		Father's Birthplace		W. Va.	
Mother's Maiden Name	Mary J. Chriss		Mother's Birthplace		W. Va.	
Name of person giving information	Mary J. Bowers		How related to deceased		Mother	

CAUSES OF DEATH

Primary	Tuberculosis of Larynx & lungs		How long	2 years
Immediate	Throat		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John West	
		Address	101 Main Street Baltimore - Frederick Co	
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
in
Full

Pousuinst Oliverstone Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bartonsville</u>		Town <u>Bartonsville</u> County <u>Frank</u>		38		MARYLAND	
Date of death <u>190</u>	Month <u>12</u>	Day <u>25</u>	Age <u>2</u>	Years <u>2</u>	Months <u>X</u>	Days <u>X</u>	
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>near Market, Md</u>					
Occupation <u>yes</u>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <u>Mary F. Bowie</u>		Father's Name <u>John W. Bowie,</u>		Father's Birthplace <u>Ragtown Mont.</u>	
Mother's Maiden Name <u>Mary F. Richardson.</u>						Mother's Birthplace <u>Garnville Md</u>	
Name of person giving information <u>Father, John W. Bowie</u>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cutting.

How long

179 Three Weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes,

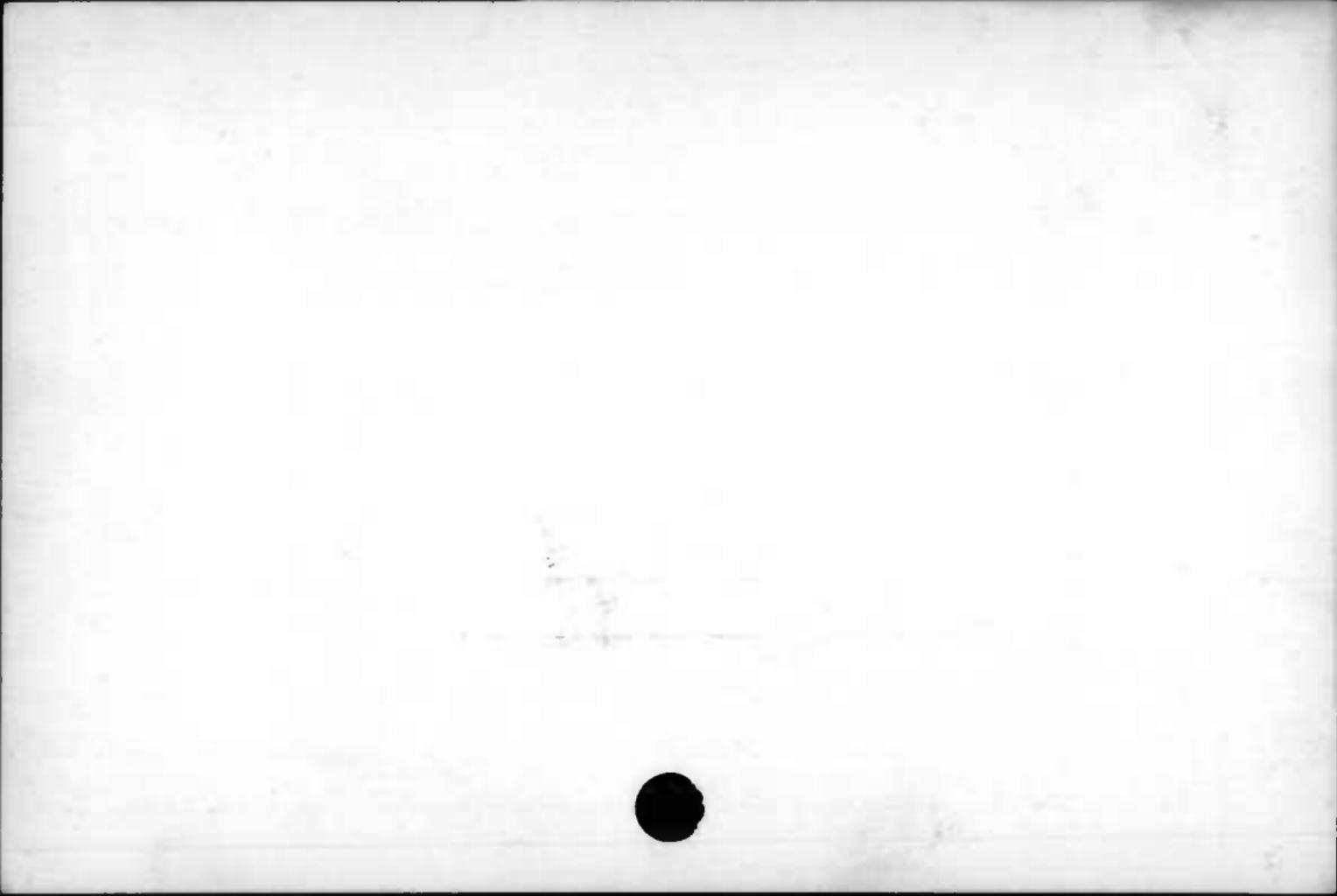
Signature of Physician

No Physician in
attendance

Address

Accident or Suicide?

No,



Name
in
Full

Vivian Breashers

36,

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Hampton

Town

County

MARYLAND

Date of death 1905 Month Dec.

Day 9

Years —

Months 3

Days 25

Sex Female

Color or Race

White

Birthplace

Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

To Thomas Breashers

Father's Birthplace

Md

Mother's Maiden Name

Lilly Clay

Mother's Birthplace

Md

Name of person giving information

Lilly Breashers

How related to deceased

Mother

CAUSES OF DEATH

Primary

Erysipelas

How long

4 weeks

Immediate

Pneumonia

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. H. Hopkins Jr. M.D.

Address

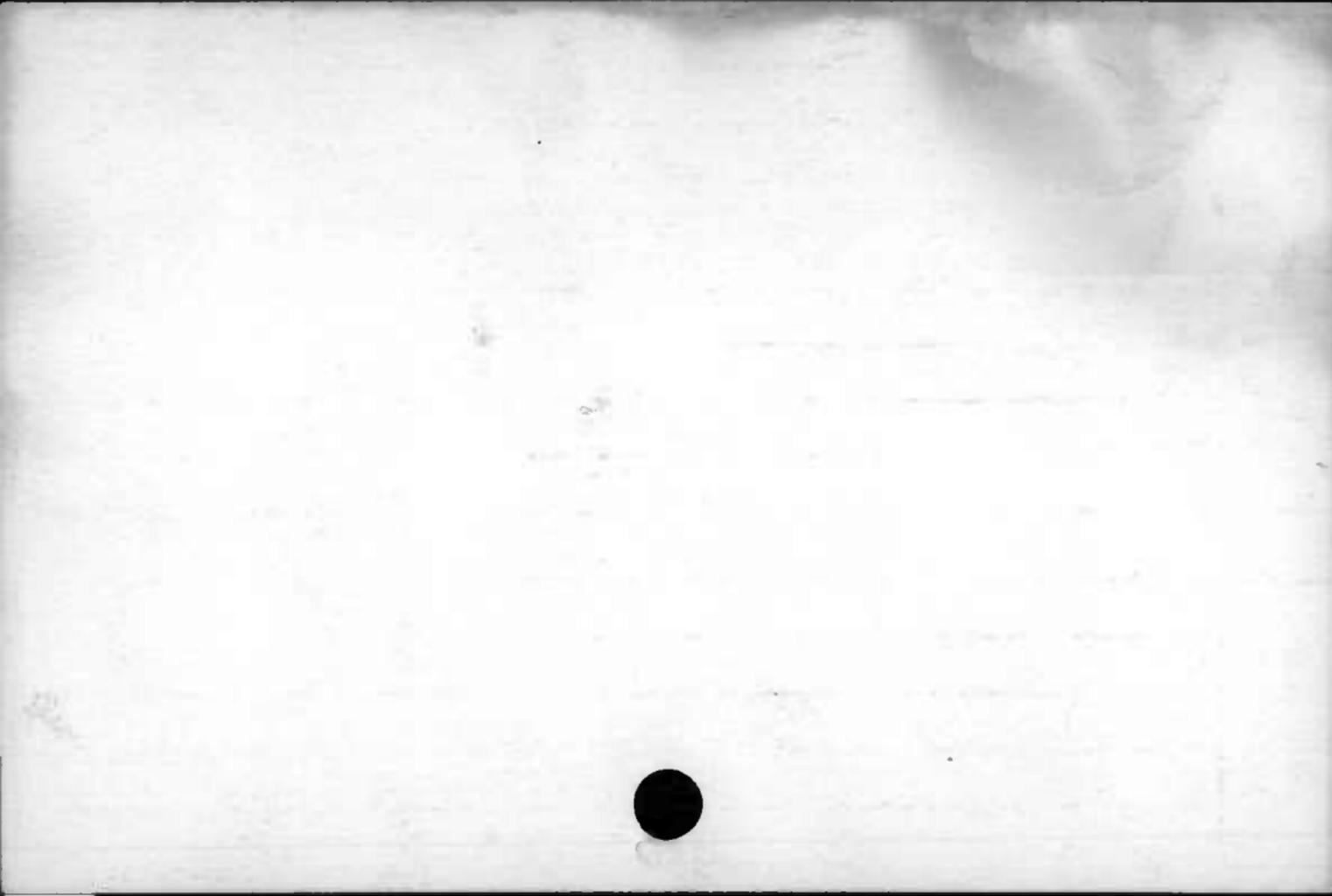
New Market,

Maryland.

PHYSICIAN
OR CORONER

Accident or Suicide?

No.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Amelia Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Baltimore</u>		Town	County <u>Frederick</u>			
Date of death <u>1905</u>	Month <u>12</u>	Day <u>10</u>	Age <u>98</u>	Years <u>98</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-place		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	<u>John Brooks</u>			
Father's Name						Father's Birthplace
Mother's Maiden Name		<u>66</u>				Mother's Birthplace
Name of person giving information		<u>Wm Brooks</u>				How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Found dead 18thm. 9thm. being seen in usual health

How long

Immediate

Heart failure (3)

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

John West

Baltimore

Frederick Co.

Accident or Suicide?

Daniel Baker
Equitable Bldg., -
Baltimore
Md

Name
in
Full

Sarah Elizabeth Cary

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Woodville</u> Town		County <u>Frederick</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Decbr.</u>	Day <u>19</u>	Age <u>54</u>	Years	Months <u>3</u> Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Housewife</u>				
Name of Wife or Husband <u>John F. Cary</u>					
Father's Name <u>John Stallings</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Not known</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Social Shane</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

Primary

Cancer -
Exhaustion

How long

3 1/2 months
Since operated on

Immediate

How long

One month

Are the name, age, sex, color, date and place correctly given above?

Yes -

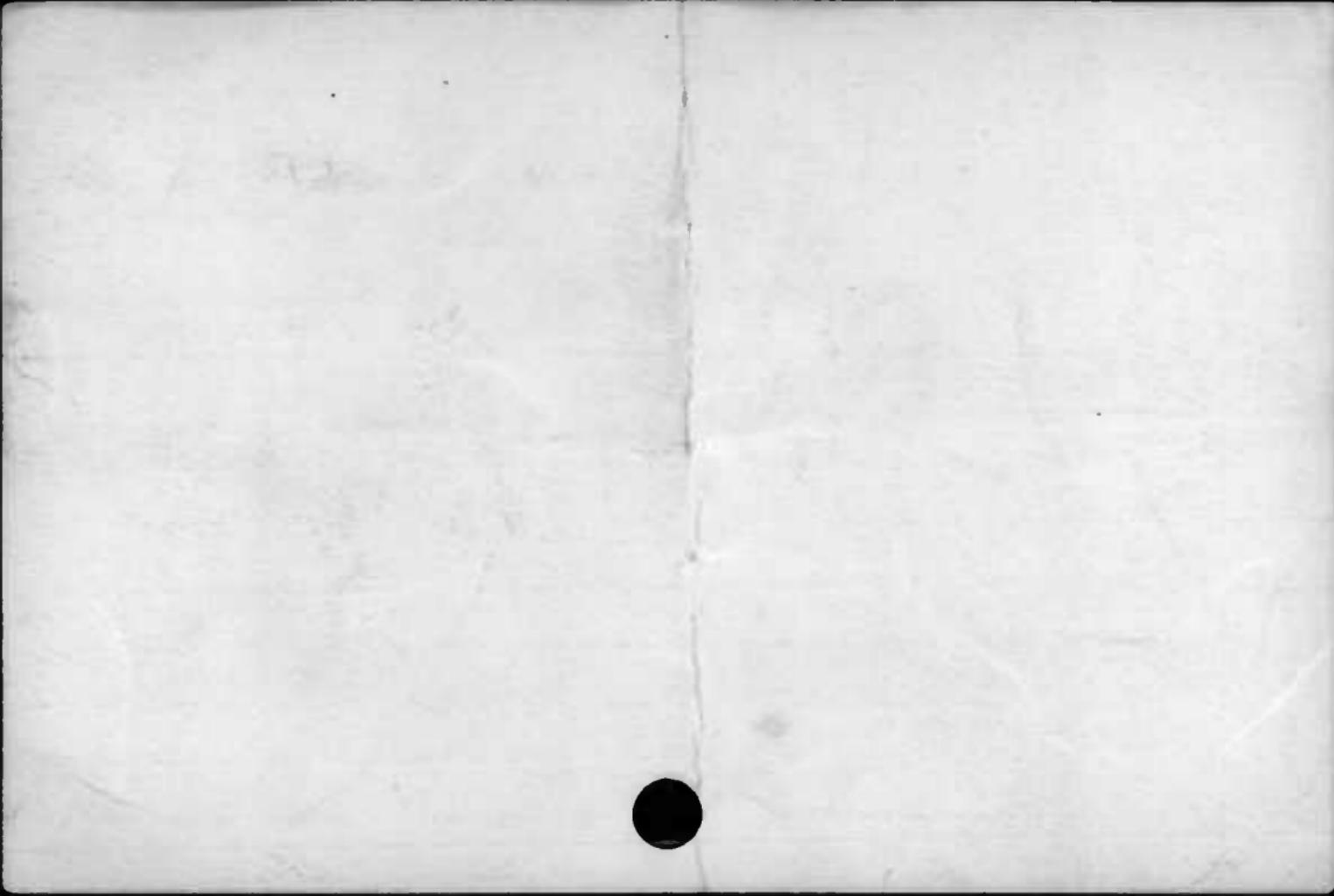
Signature of
Physician

Address

Thomas P. Sappington M.D.
Woodville,
Maryland.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Fannie M. Clay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1905	Month	Day	Years	Age	Months	Days	
Sex Female	Color or Race	white American		Birth-place	Kensington		
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband							
Father's Name	Geo. M. Clay			Father's Birthplace	Kensington		
Mother's Maiden Name	Martha King			Mother's Birthplace	Gettysburg Pa		
Name of person giving Information	Mrs. Bettie Codding		How related to deceased	Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. Broswell
		Address	W. Clay Md.
Accident or Suicide?			

412nd 11 mos

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>John W. Brown, Jr.</i>				CERTIFICATE OF DEATH	
Died at <i>Walkersville</i>		Town <i>Walkersville</i> County <i>Frederick</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>1</i>	Years <i>83</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>County</i>	
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Heather</i>			Father's Birthplace <i>Ca</i>	
Father's Name <i>Henry Brown</i>			Mother's Birthplace <i>1</i>		
Mother's Maiden Name			How related to deceased		
Name of person giving information					

CAUSES OF DEATH

Primary

General debility

How long

Immediate

15 min

How long

Are the name, age, sex, color, date and place correctly given above?

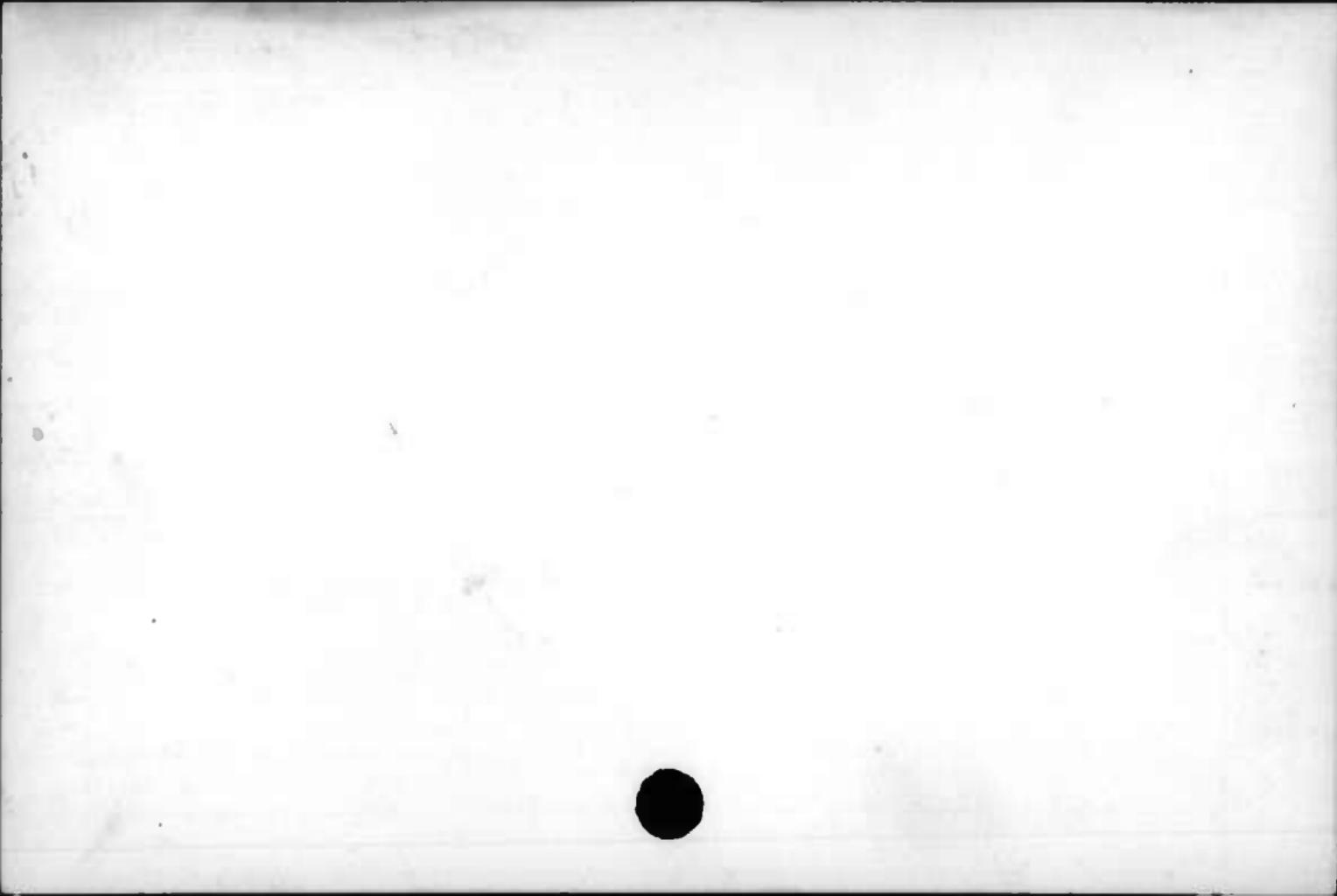
Yes

Signature of Physician

Cha. W. Goldbrey

Address

Accident or Suicide?



Name
in
Full

Jacob V Cunningham

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at

Town

Frederick

County

Frederick

MARYLAND

Date
of death

Month

Day

Years

1905

12

16

66

Months

Days

—

—

Sex

Male

Color or
Race

White

Birth-
place

Petersburg Va

Occupation

Retired

Where Residing if not
at place of death

Erica Kline Med

Married, Single
or Widowed

Name of Wife or
Husband

Emma G Gron

Father's
Name

Strick Cunningham

Father's
Birthplace

Petersburg Va

Mother's
Maiden Name

—

Mother's
Birthplace

Name of person giving
Information

Wannah Gron

How related
to deceased

Brother in Law

CAUSES OF DEATH

Primary

Intestinal Hemorrhage

80

How long

six or eight weeks
after hours.

Immediate

Angina Pectoris

PHYSICIAN
OR CORONER

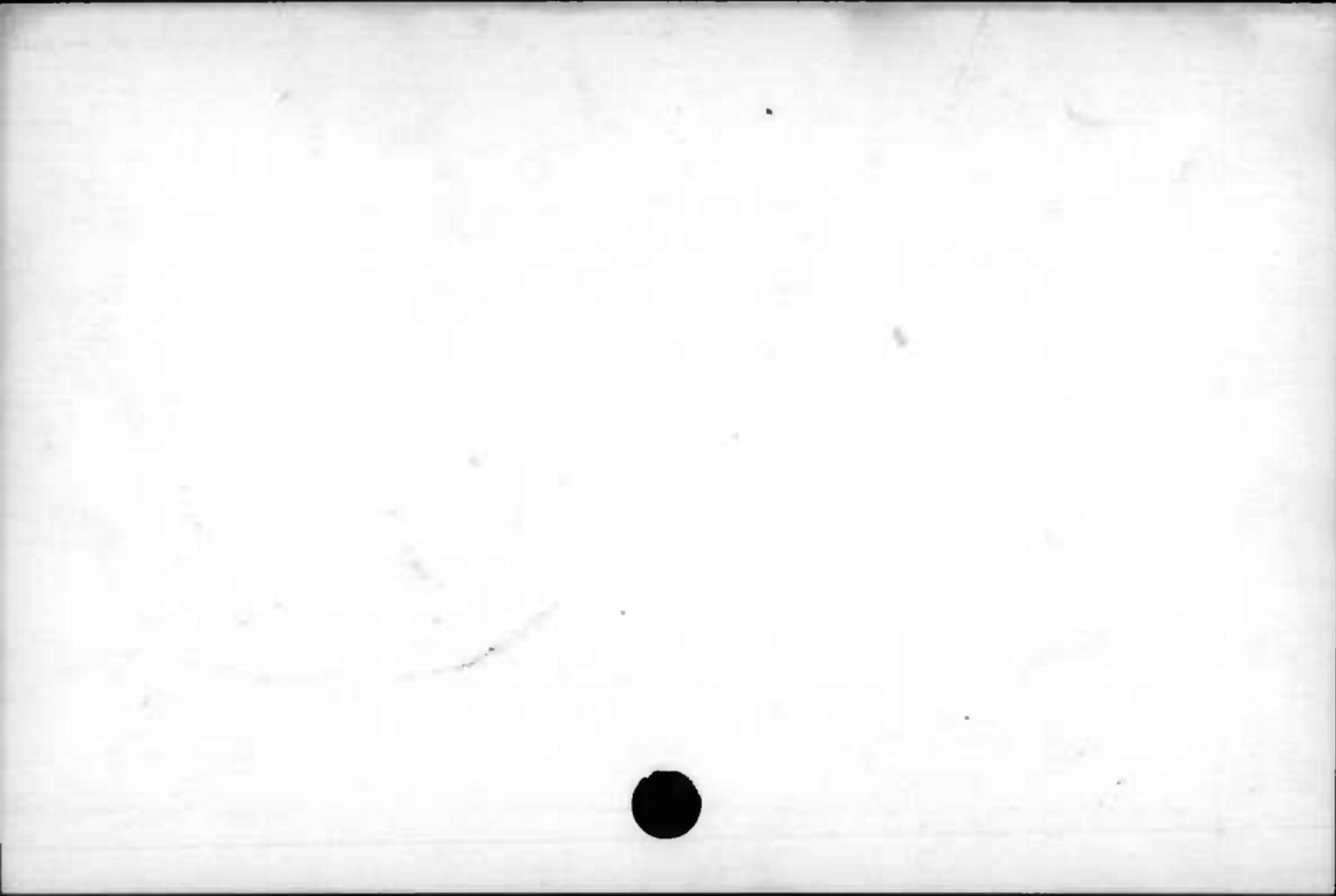
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. B. Johnson,
Frederick Med.

Accident or Suicide?



Name
in
Full

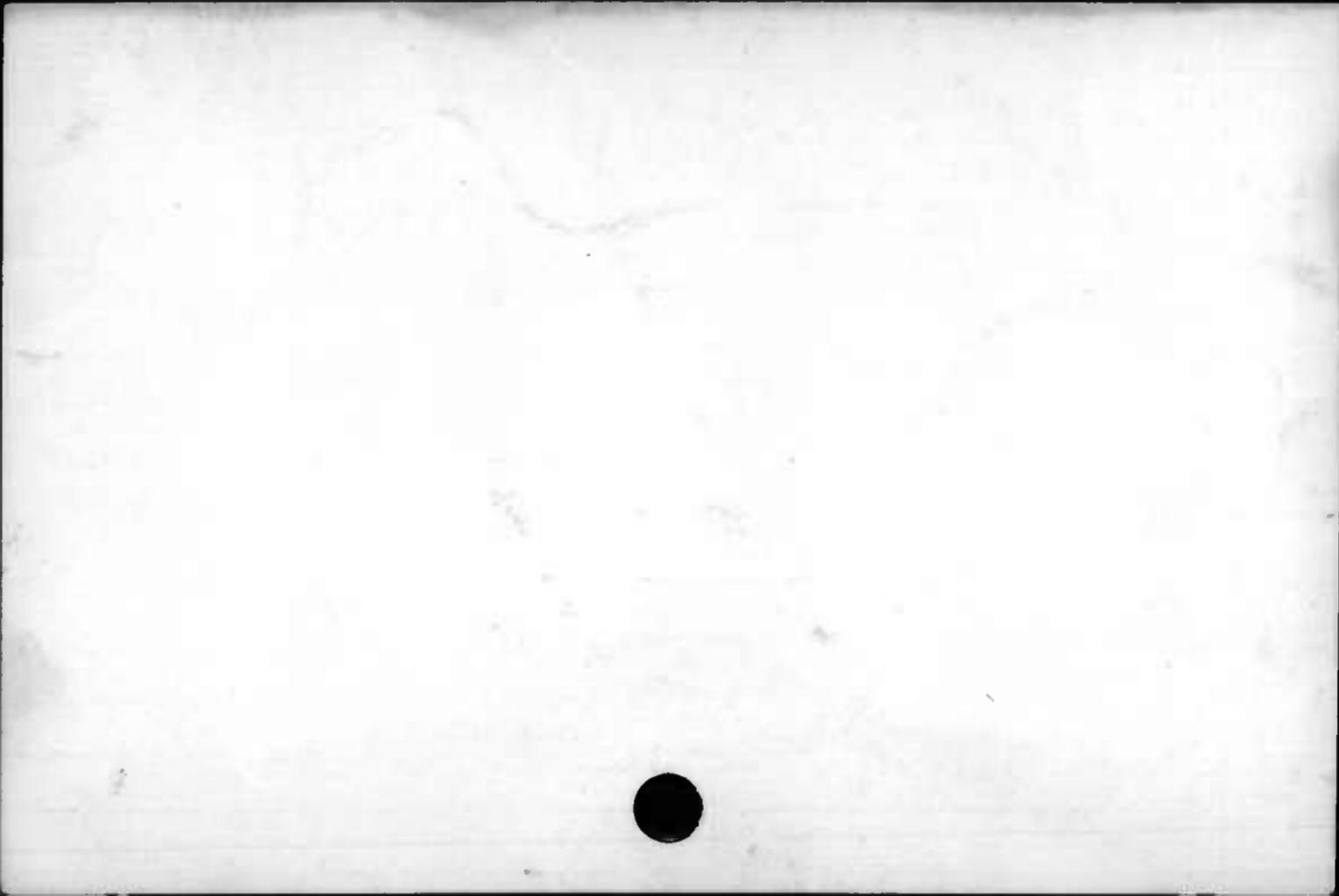
Mary Littles Davis 35

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Bethel Hollow Smith	Town	County	MARYLAND	
Date of death	1905	Month Dec.	Day 8	Years 30	Months 4 Days 16
Sex	Female	Color or Race	Colored	Birth-place	Md
Occupation	Domestic				
Married, Single or Widowed	Married	Name of Wife or Husband	John Nelson Davis		
Father's Name	Upton Littles				
Mother's Maiden Name	Marty Little				
Name of person giving information	John Nelson Davis				
CAUSES OF DEATH					
Primary	Carcinoma				
Immediate	Exhaustion				
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	S. Ulysses G. Brown	
			Address	Frederick Md	
Accident or Suicide?					

PHYSICIAN
OR CORONER



Name
in
Full

Ira T. Dorcas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Frederick</u> Town		County <u>Frederick</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>3rd</u>	Years <u>—</u>	Months <u>2</u>	Days <u>13</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Md</u>			
Occupation <u>none</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>	—			
Father's Name <u>Thomas M Dorcas</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Maria L. Nachter</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Thos M Dorcas</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary

Marasmus

How long

months

Immediate

Exhaustion

How long

24 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

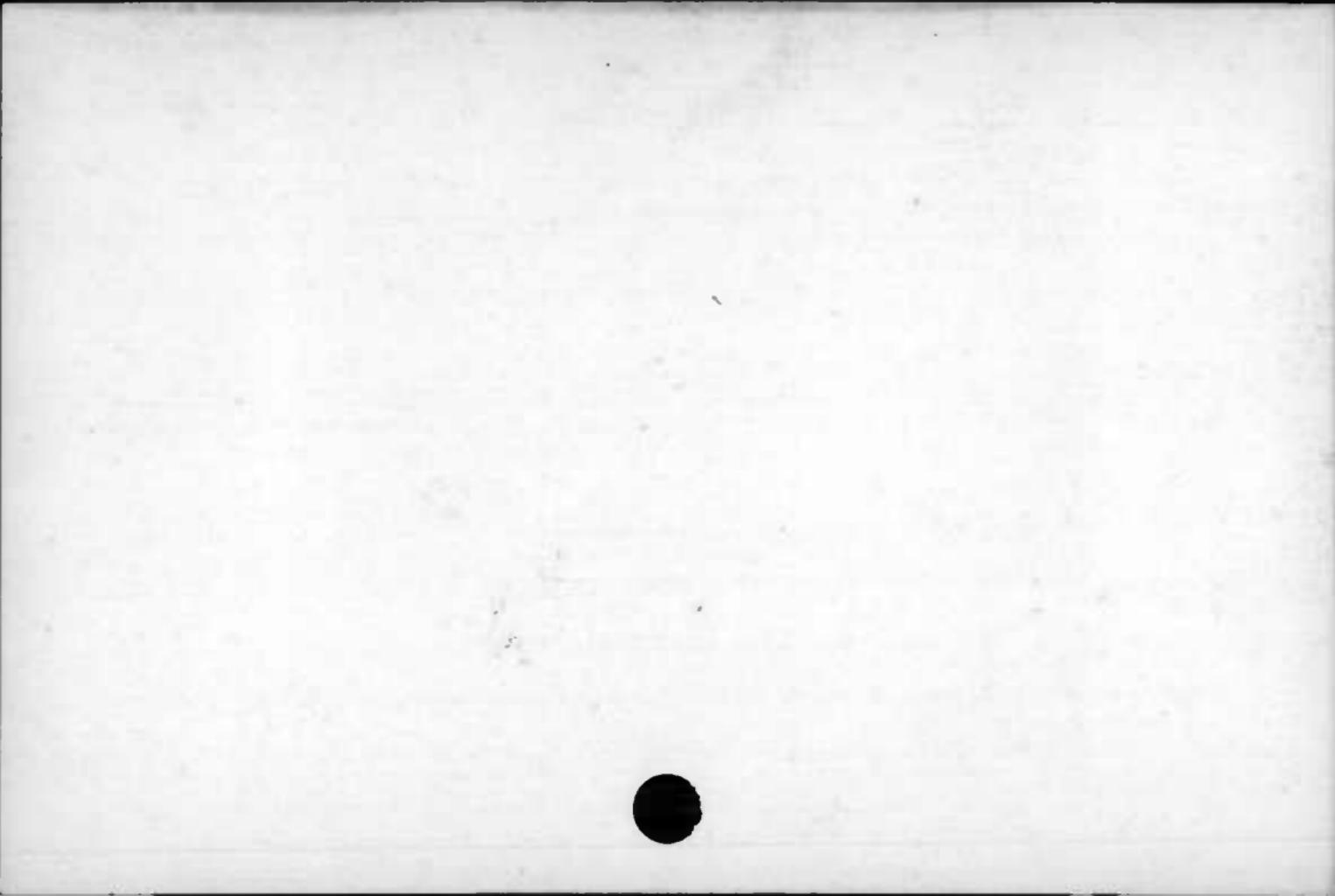
Yes

Signature of Physician

Address

Frank Hedges
Frederick Md

Accident or Suicide?



Name
in
Full

Lucy Dorsey

No. 37

CERTIFICATE OF DEATH

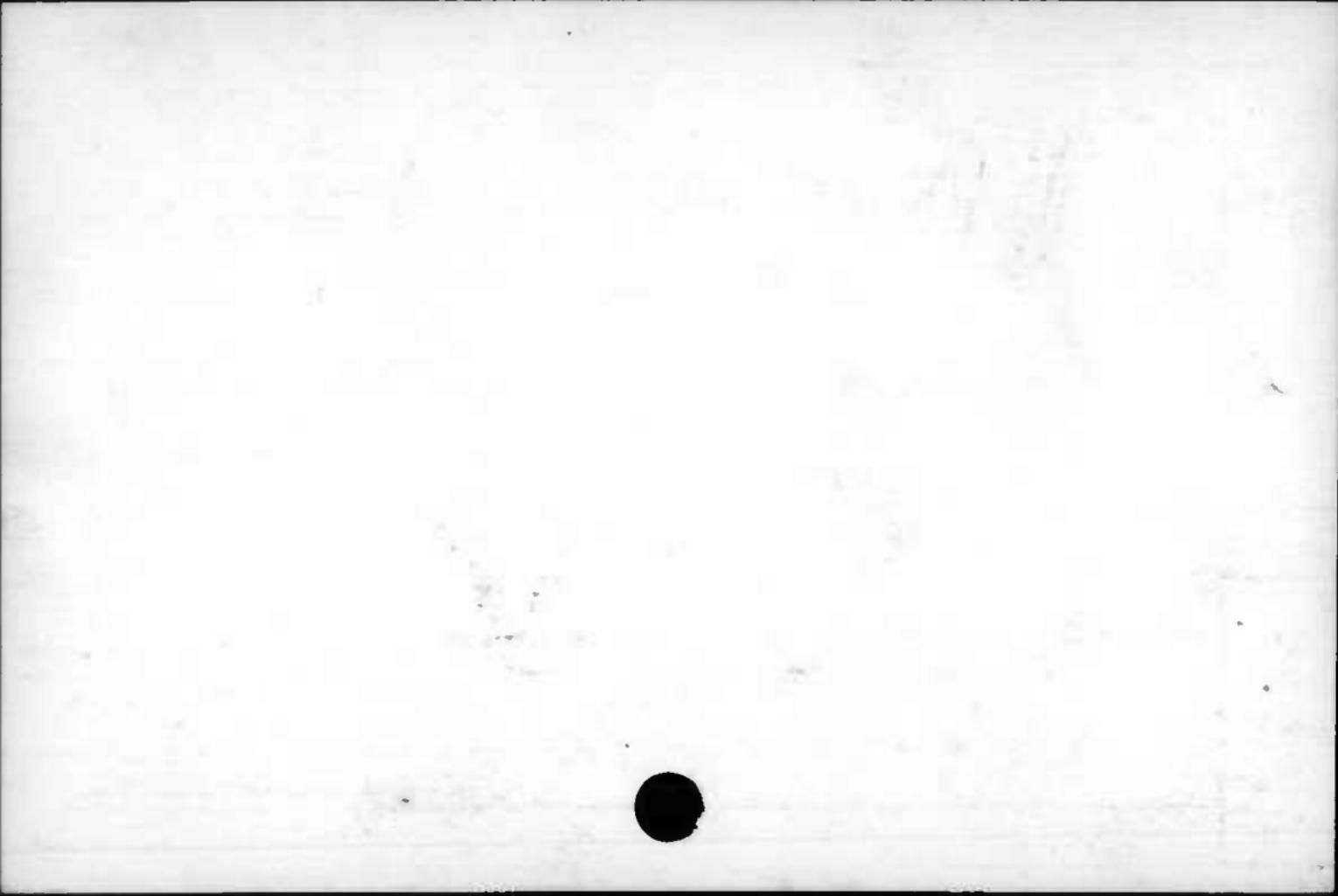
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Market</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>12</u>	Day <u>19</u>	Age <u>14</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>			Birth-place <u>Fred. Co. Md</u>		
Occupation <u> </u>	Where Residing if not at place of death <u> </u>					
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>					
Father's Name <u>Abraham Dorsey</u>				Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mary Gant</u>				Mother's Birthplace <u>"</u>		
Name of person giving information <u>Geo. Gant</u>				How related to deceased <u>Grandfather</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid fever</u>	How long <u>3 weeks</u>
Immediate	<u>Cardiac Asthenia</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. H. Hopkins Jr.</u>
		Address <u>New Market</u>
Accident or Suicide? <u>no</u>		<u>Fred. Co. Maryland</u>



Name
in
Full

Daniel Eby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sabillasville</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	12	7	73	7	24	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Frederick</u>				
Occupation	Where Residing if not at place of death					
Married, <u>Single</u> or Widowed	Name of Wife or Husband <u>Laura Eby</u>	Father's Birthplace <u>Frederick Co</u>				
Father's Name <u>Emmanuel Eby</u>	Mother's Maiden Name <u>Caldwells</u>	Mother's Birthplace				
Name of person giving information <u>Ellen Shank</u>	How related to deceased <u>Brother</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Acute heart failure

immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

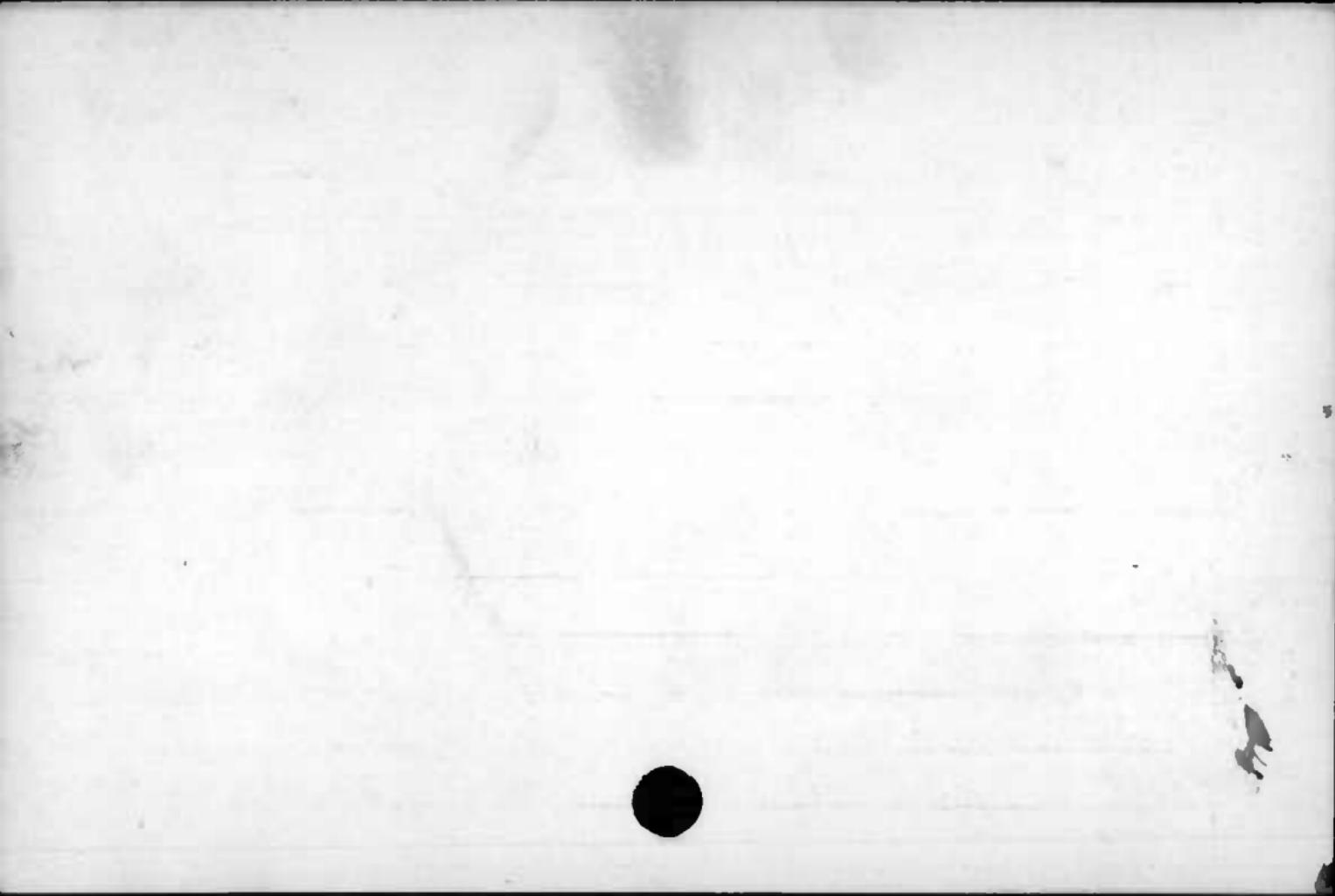
yes

C. L. Hachler

Address

Sabillasville
MD

Accident or Suicide?



Died at		Town		County		MARYLAND					
Date of death	1905	Month	Dec	Day	23	Years	52	Months	—	Days	12
Sex	Female	Color or Race		white		Birth-place		Md			
Occupation	Housewife		Where Residing If not at place of death			Anne Eslivorthy					
Married, Single or Widowed	M		Name of Wife or Husband		Anne Eslivorthy			James O'Hora			
Father's Name									Delaware		
Mother's Maiden Name	Mary J. Hamilton								Baltimore		
Name of person giving Information	Anne Eslivorthy								Husband		

CAUSES OF DEATH

Primary	Carcinoma (Uterine)		How long	2 yrs
Immediate	Asphyxia		How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Sam M. Curley	
		Address	157 W. Pax st.	
Accident or Suicide?				

Malinda Louise Everorthy

Mr. Clint

L. C. B. a. t. y

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

W. Grant Freshour

CERTIFICATE OF DEATH

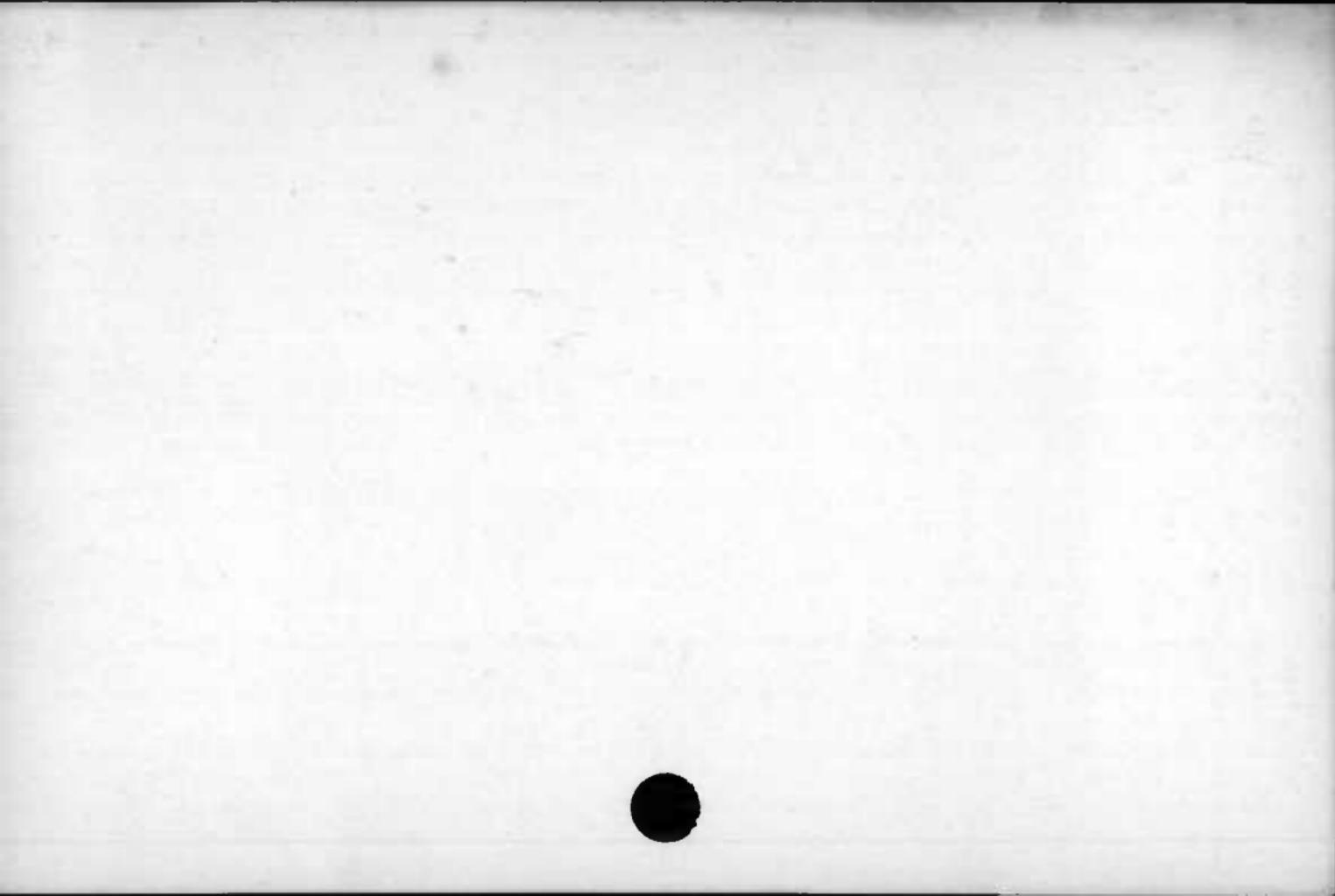
MARYLAND

Died at	Town	County			
Died at	Levistown	Frederick			
Date of death	Month	Day	Years	Months	Days
1905	Dec	23	Age 40	9	—
Sex	Male	Color or Race	white	Birth-place	Md
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Katy Main		
Father's Name	Geo W. Freshour		Father's Birthplace	Md	
Mother's Maiden Name	Julia Bae		Mother's Birthplace	Md	
Name of person giving Information	Personal Knowledge		How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Leukemia	How long	3 yrs
Immediate	Neononia	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S E Miller
		Address	Frederick
Accident or Suicide?		Md	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Halkersville</u>			Town <u>Fultons (Md)</u>		County <u>Fredenck</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>12</u>	Day <u>23</u>	Age	Years	still born	Months	Days	
Sex <u>female</u>	Color or Race <u>white</u>		Occupation <u>S.</u>		Birth-place <u>Halkersville</u>			
Married, Single or Widowed								
Name of Wife or Husband								
Father's Name	<u>Newton Fulton</u>			<u>S.</u>		Father's Birthplace	<u>Halkersville</u>	
Mother's Maiden Name	<u>Carrie Stauffer</u>					Mother's Birthplace	<u>"</u>	
Name of person giving Information	<u>J. D. Nicodemus</u>					How related to deceased		

CAUSES OF DEATH

Primary	<u>Undeveloped brain</u>	<u>S.</u>	How long
Immediate			How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Name
in
Full

Lissette Garver

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Emory H. Frederick</u>		County <u>Frederick</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>18</u>	Years <u>61</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Frederick Co</u>			
Occupation <u>Wife</u>	Where Residing if not at place of death <u>Frederick Co</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Adam Gann</u>				
Father's Name <u>Jacob Reinhardt</u>	Father's Birthplace <u>Paylomills</u>				
Mother's Maiden Name <u>Clara Sedwell</u>	Mother's Birthplace <u>Frederick Co</u>				
Name of person giving information <u>Vernon Garber</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Strangulated Hernia

How long

7 days -

Immediate

Exhaustion

How long

+

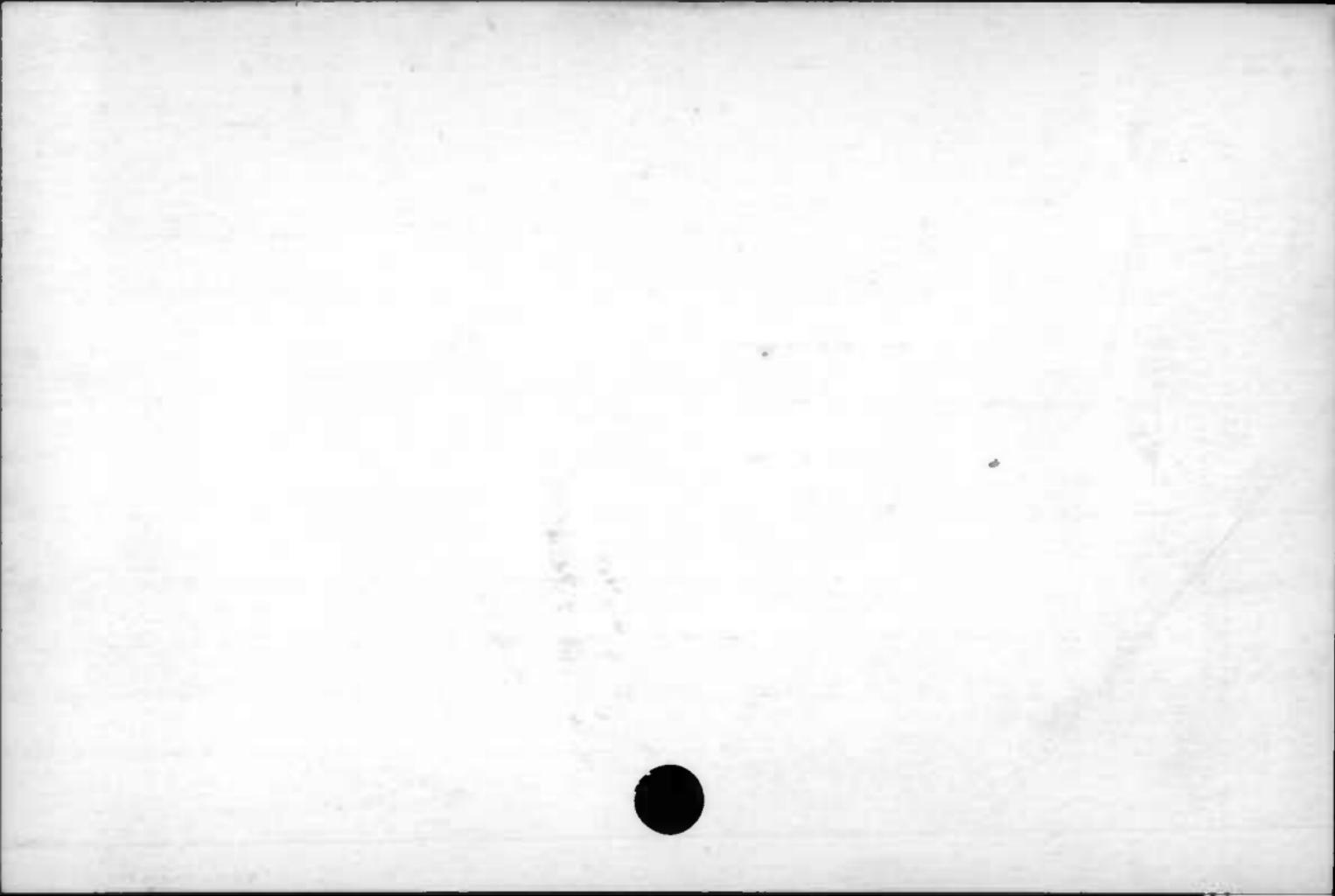
Are the name, age, sex, color, date, and place correctly given above?

Signature of Physician

Address

Franklin B. Smith
Frederick

Accident or Suicide?



Name
in
Full

Mary H. Gladhill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sabillasville</u>		Town <u>Frederick</u> County <u>Frederick</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec.</u>	Day <u>6</u>	Years <u>73</u>	Months <u>9</u>	Days <u>3</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Gladhill</u>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

Primary Convulsions
Immediate Coma

How long

1 day

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

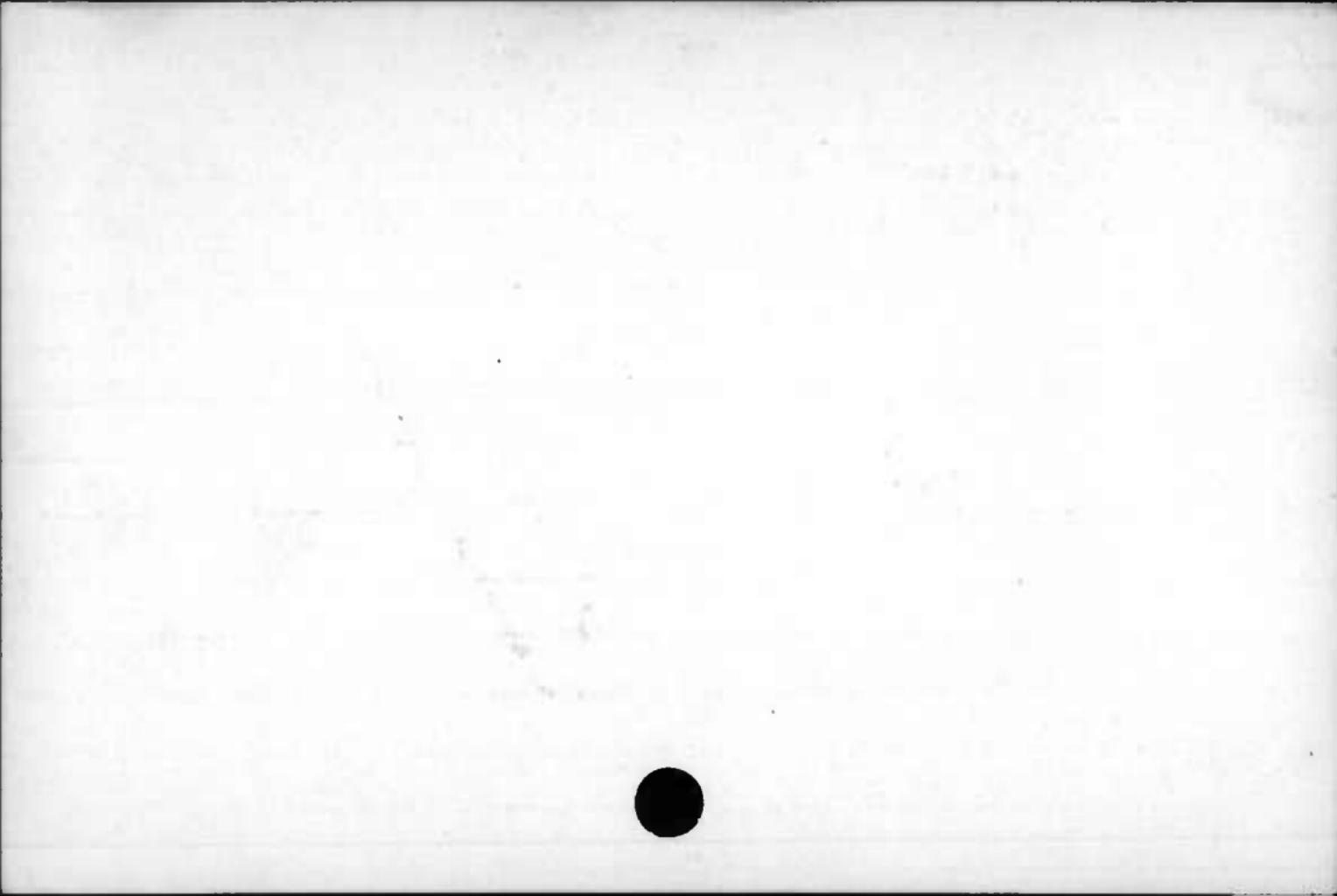
G. L. Wachter

Address

Sabillasville Md.

yes

Accident or Suicide



Name
in
Full

Johnathan C. Graus

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

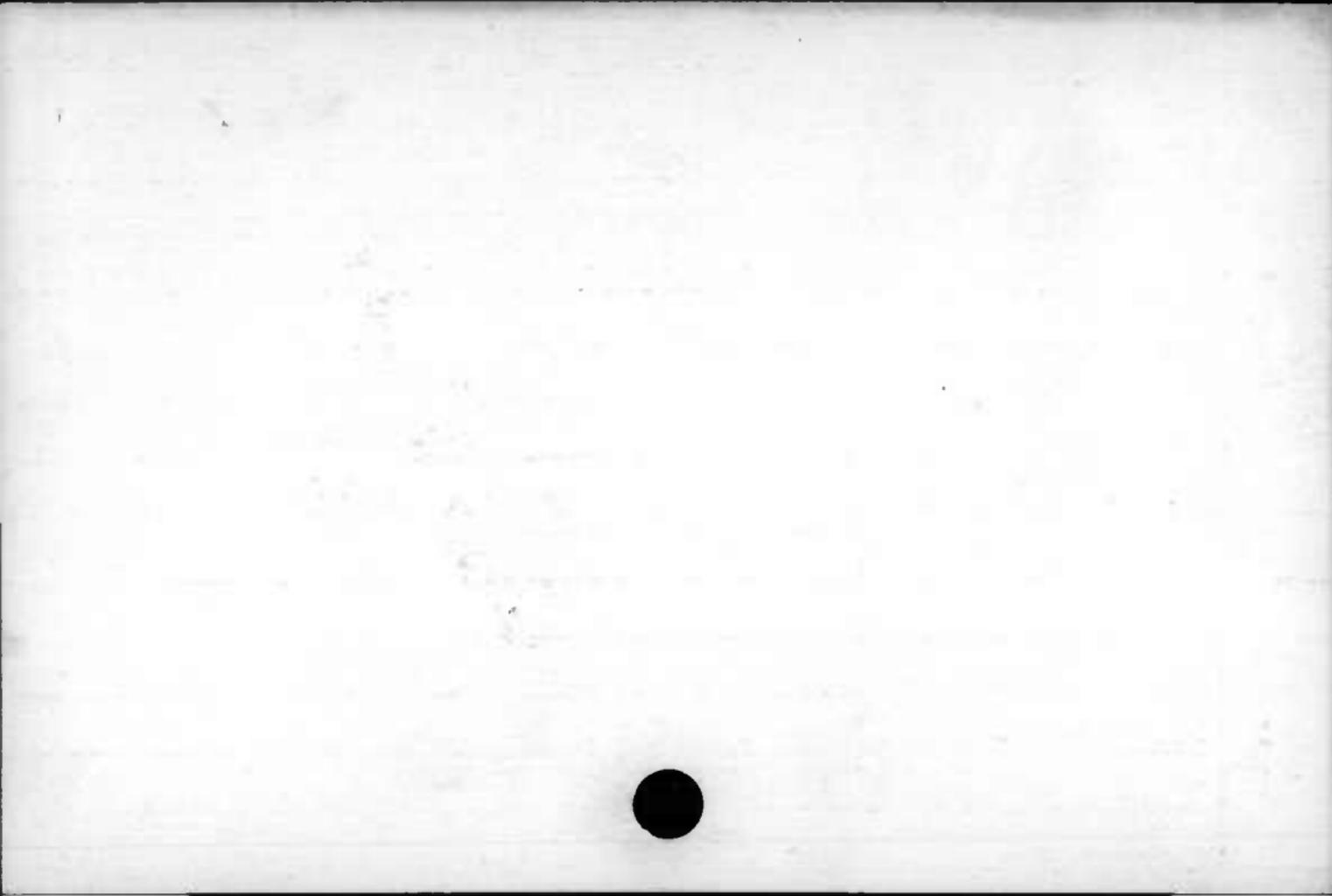
MARYLAND

Died at	Town	County			
Burkittsville	Arietta				
Date of death	Month	Day	Years	Months	Days
1905	Dec	12	60	6	6
Sex	Male	Color or Race	White	Birth-place	Burkittsville, Md
Occupation	Retired laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Lydia A. Graus		
Father's Name	John N. Graus		Father's Birthplace	Germany	
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	Lydia Graus		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation + Cardiac Hypertrophy	How long	one year
Immediate	Cerebral Hemorrhage	How long	3/4 hrs
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	LSD Young	
	Address	Burkittsville Maryland	
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Calvertine Turner</u>		Town	County <u>Bethel</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>23</u>	Years <u>87</u>	Age <u>87</u>	Months	Days
Sex <u>male</u>	Color or Race <u>White</u>	Birthplace <u>Bethel Co</u>				
Occupation <u>~</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>widower</u>	Name of Wife or Husband <u>Martha Corbin</u>	Father's Birthplace <u>39</u>		Md		
Father's Name <u>Frank Green</u>	Mother's Birthplace <u>39</u>		Md			
Mother's Maiden Name <u>Elizabeth Barber</u>	How related to deceased		Md			
Name of person giving information <u>Mr. Elizabeth</u>						

CAUSES OF DEATH

Primary <u>Carcinoma of</u>	<u>39</u>	How long <u>8 years</u>
Immediate <u>Anemia</u>	<u>39</u>	How long <u>1 yr -</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Morris A. Finch</u>	Address <u>Calvertine Turner</u>
Accident or Suicide? <u>~</u>		

PHYSICIAN
OR CORONER

Intended to
be at Forville, Md

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Robert Gross

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Died at	1905	Month	Dec	Day	Age	1	Months
Date of death	1905	Month	Dec	Day	Years	1	Days
Sex	Male	Color or Race	Black	Birth-place	Birth-place	3rd	Birth-place
Occupation	—	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband						
Father's Name			Father's Birthplace				
Mother's Maiden Name	Josephine Gross		Mother's Birthplace				
Name of person giving Information	Josephine Gross		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John West

Address

Baltimore Md
Baltimore Co

Accident or Suicide?



Name
in
Full

Robert Halle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

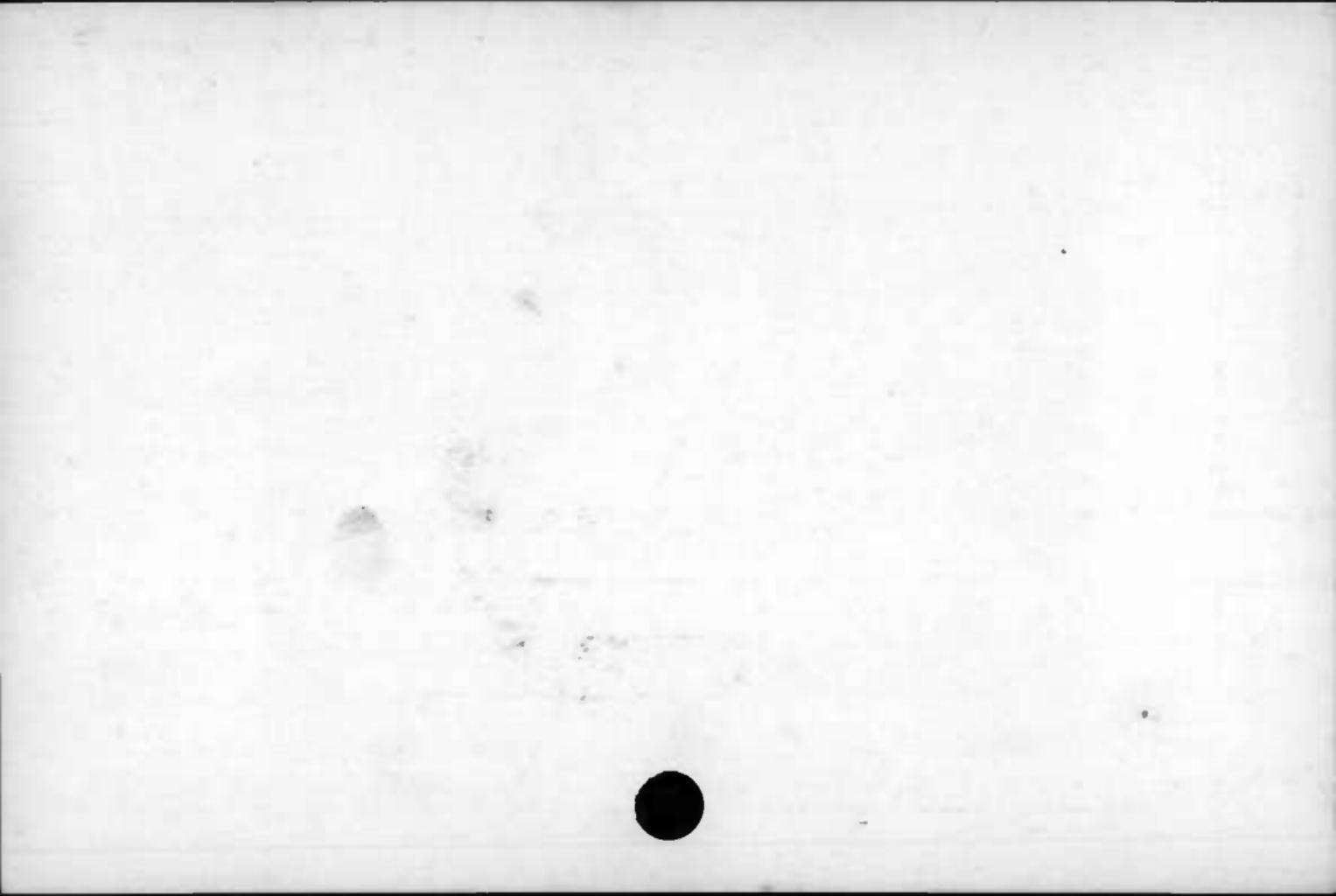
Died at <u>Montgomery</u>		Town <u>Frederick</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>12</u>	Day <u>20</u>	Age <u>35</u>	Years	Months
Sex <u>Male</u>	Color or Race	Birth-place			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace	
Father's Name				Mother's Birthplace	
Mother's Maiden Name				How related to deceased	
Name of person giving information					

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CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Toxic Gasoline Embolism</u>	How long
	Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

R. S. Physore
Frederickville
Male



Name
in
Full

Patrick Harkins

CERTIFICATE OF DEATH

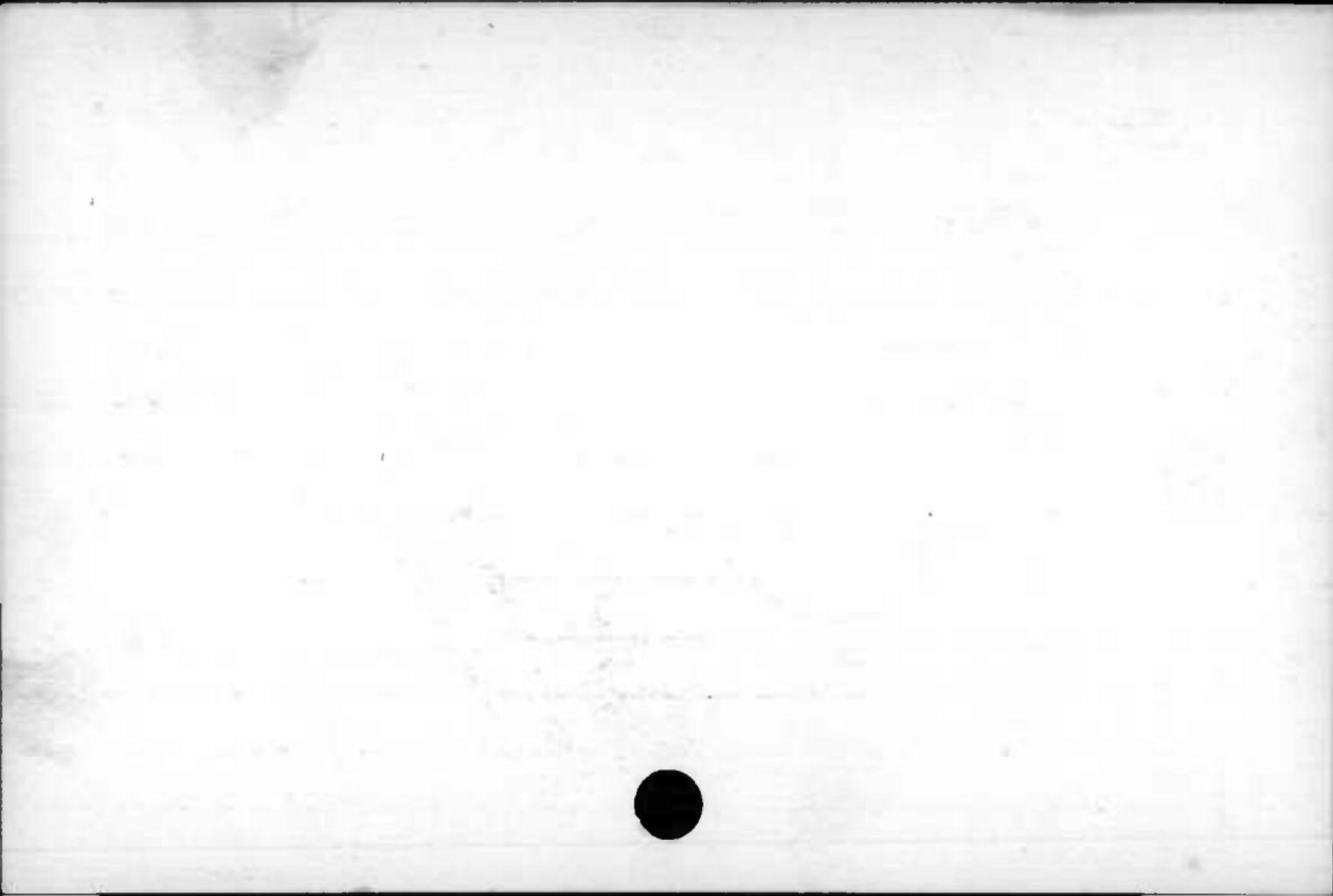
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
of 1905 Dec	Dec	17th	Age 22	6	
Sex	Male	Color or Race	white	Birth-place	Ohio
Occupation	Teacher				
Married, Single or Widowed	Single				
Father's Name	John Harkins				
Mother's Maiden Name	Bridget Oles Dermott				
Name of person giving information	Rev. Dr. Flynn				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe	How long	Two weeks
Immediate	Myocarditis	How long	Five days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John B. Brauner M.D.
		Address	Germantown, Md
Accident or Suicide?			



Name
in
Full

James Heizer

34

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Lurganmore</u>		Town	County	MARYLAND	
Date of death <u>1905</u>	Month <u>Dec.</u>	Day <u>3</u>	Years <u>about 11</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace			
Occupation <u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Joseph H. Heizer</u>		Father's Birthplace			
Mother's Maiden Name <u>Martha Heizer</u>		Mother's Birthplace			
Name of person giving information <u>James B. Rumbles</u>		How related to deceased			

CAUSES OF DEATH

Primary Membranous Croup How long 3 days

Immediate 9 How long

Are the name, age, sex, color, date and place correctly given above?

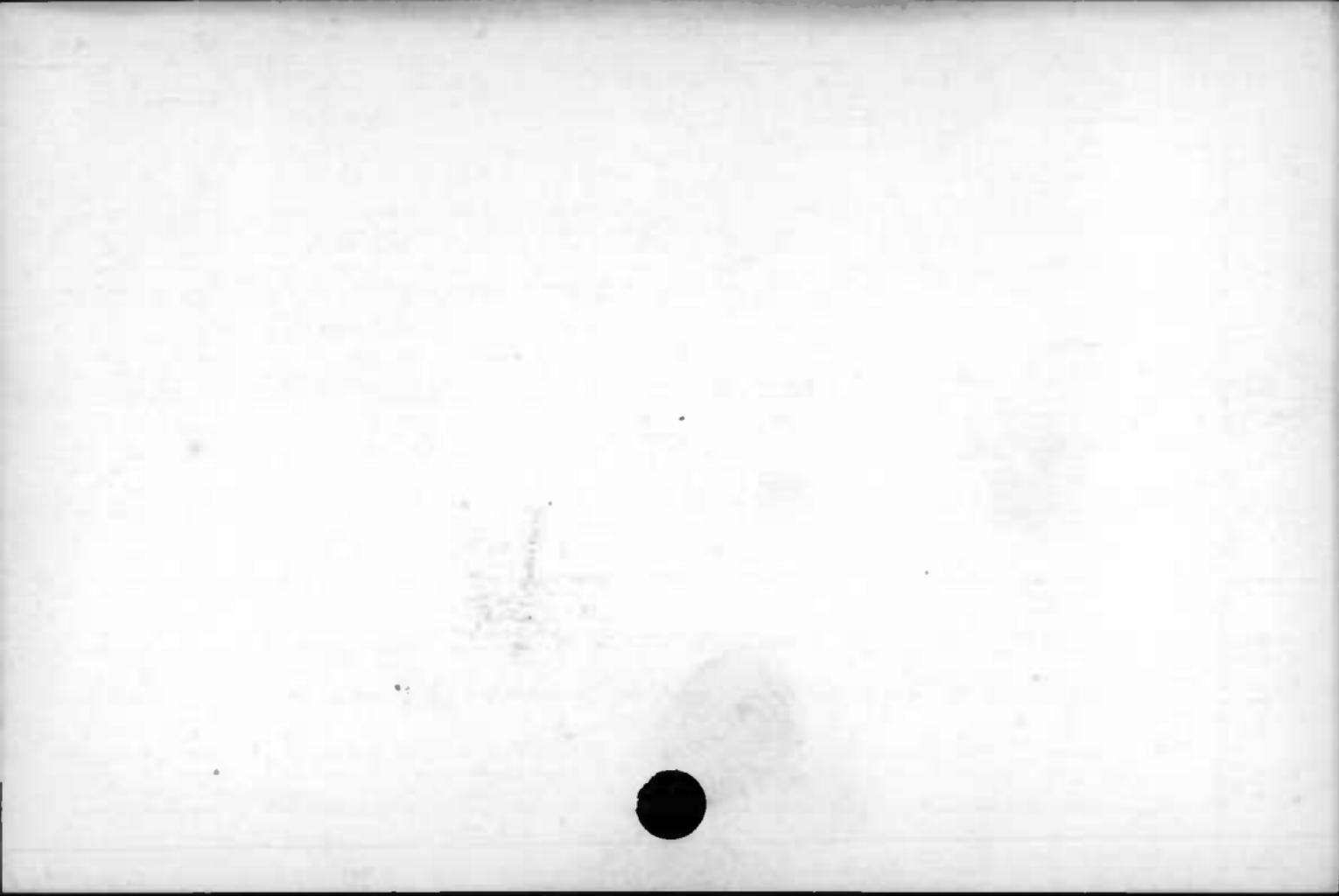
Yes

Signature of Physician

None

Accident or Suicide?

Address
R. B. Rumble, Undertaker
New Market, Md.



Alice Gertrude Heitselberger

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Town	County		MARYLAND		
Died at <u>Frederick</u>	Month <u>12</u>	Day <u>7</u>	Age <u>29</u>	Years <u>29</u>	Months <u>1</u> Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>City</u>			
Occupation <u>House Wife</u>	Where Residing if not at place of death <u>Same</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Leah. J. Heitselberger</u>	Father's Birthplace <u>F. Co. Md</u>			
Father's Name <u>E. H. Biggs.</u>	Mother's Birthplace <u>City</u>				
Mother's Maiden Name <u>Clara Nuse</u>	How related to deceased <u>Mother</u>				
Name of person giving information <u>Mrs. Biggs.</u>					

CAUSES OF DEATH

Primary

Abortion

(35)

How long

Two wks.

Immediate

Hemorrhage & Shock

How long

for several days.

Are the name, age, sex, color, date and place correctly given above?

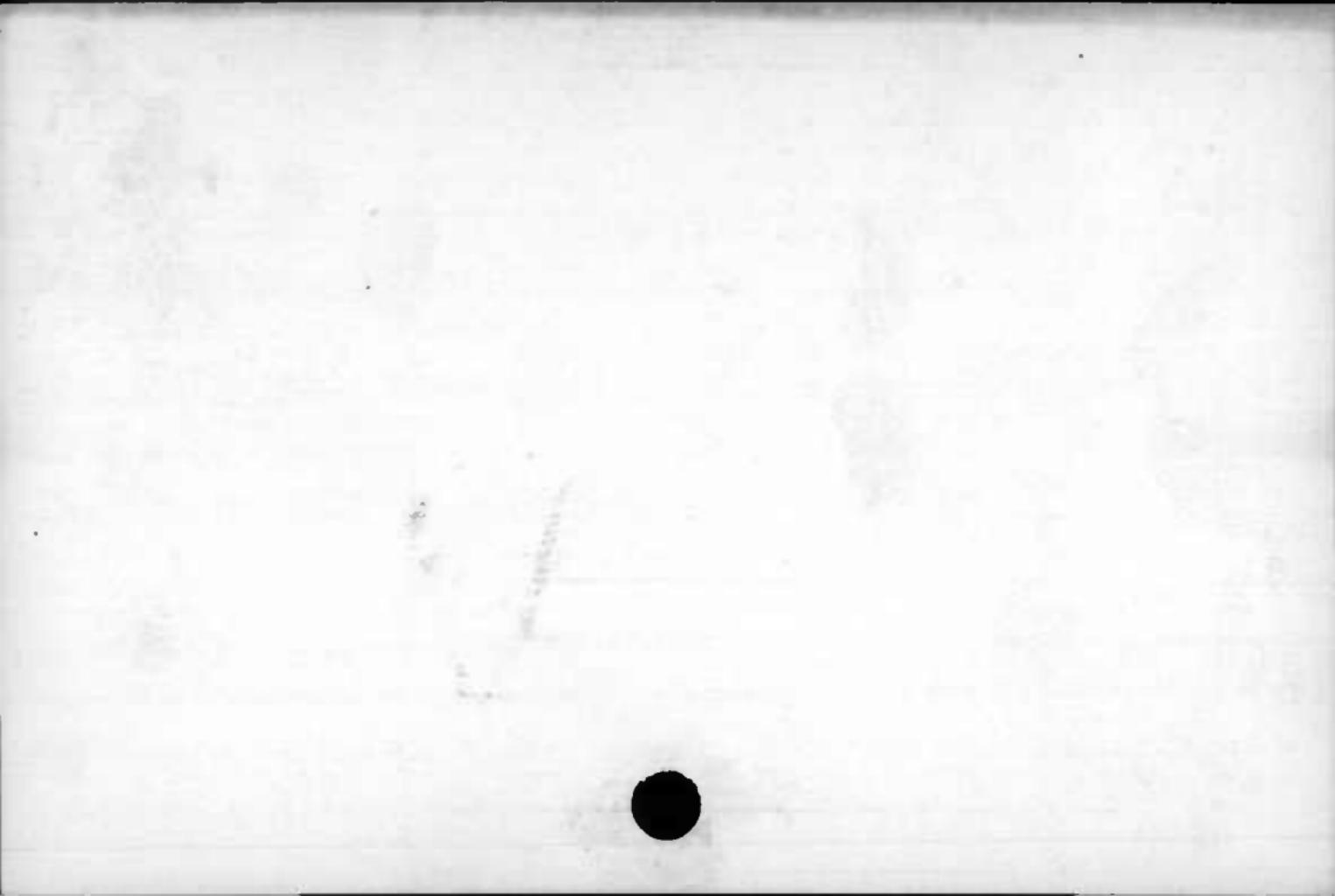
Signature of Physician

J. M. Johnson M.D.

Address

Indians - Md.

Accident or Suicide?



Name
in
Full

Elizabeth Celestina Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Flint Hill	Frederick			
Date of death	1904	Month Dec	Day 18th	Years 5	Months 4	Days
Sex	Female	Color or Race	Colored		Birth-place	Md.
Occupation	Where Residing if not at place of death					
Married, Single or Widowed						
Father's Name	Blifton P. Howard					Father's Birthplace
Mother's Maiden Name	Mary Gray					Mother's Birthplace
Name of person giving information	Blifton P. Howard					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Disease

How long

Indefinite

Immediate

Chronic

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

yes

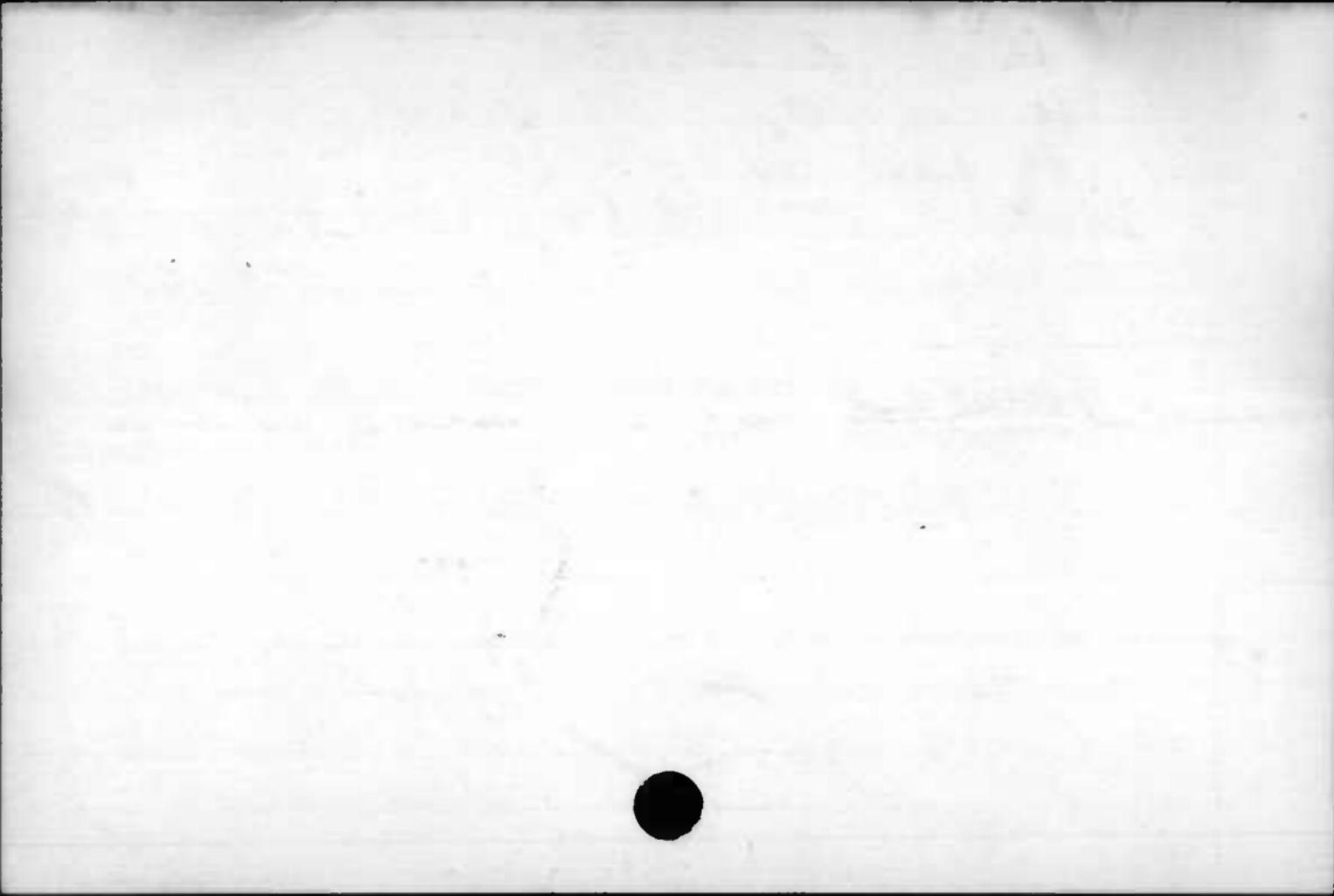
Signature of Physician

Address

Al G. Borowode
Frederick

md

Accident or Suicide?



Name
in
Full

Harry Kidwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1905	12	31	Age	21	6	12	
Sex	Male	Color or Race	white	Birth-place	Virginia		
Occupation	Grocer			Where Residing if not at place of death	-		
Married, Single or Widowed	Single	Name or Wife or Husband	-				
Father's Name	James Kidwell			Father's Birthplace	Virginia		
Mother's Maiden Name	Mollie Cook			Mother's Birthplace	Virginia		
Name of person giving information	George W Kidwell			How related to deceased	Uncle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Killed by Cars

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. S. Hedges

Brunswick

Mo

Accident or Suicide?



Name
in
Full

Dyson 1 day old born 1901

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1901	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name or Wife or Husband					
Father's Name	John Worthy King			Father's Birthplace	Md	
Mother's Maiden Name	Laura Catherine Frable			Mother's Birthplace	Md	
Name of person giving information	Laura Catherine King			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

cessup six

How long

2 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

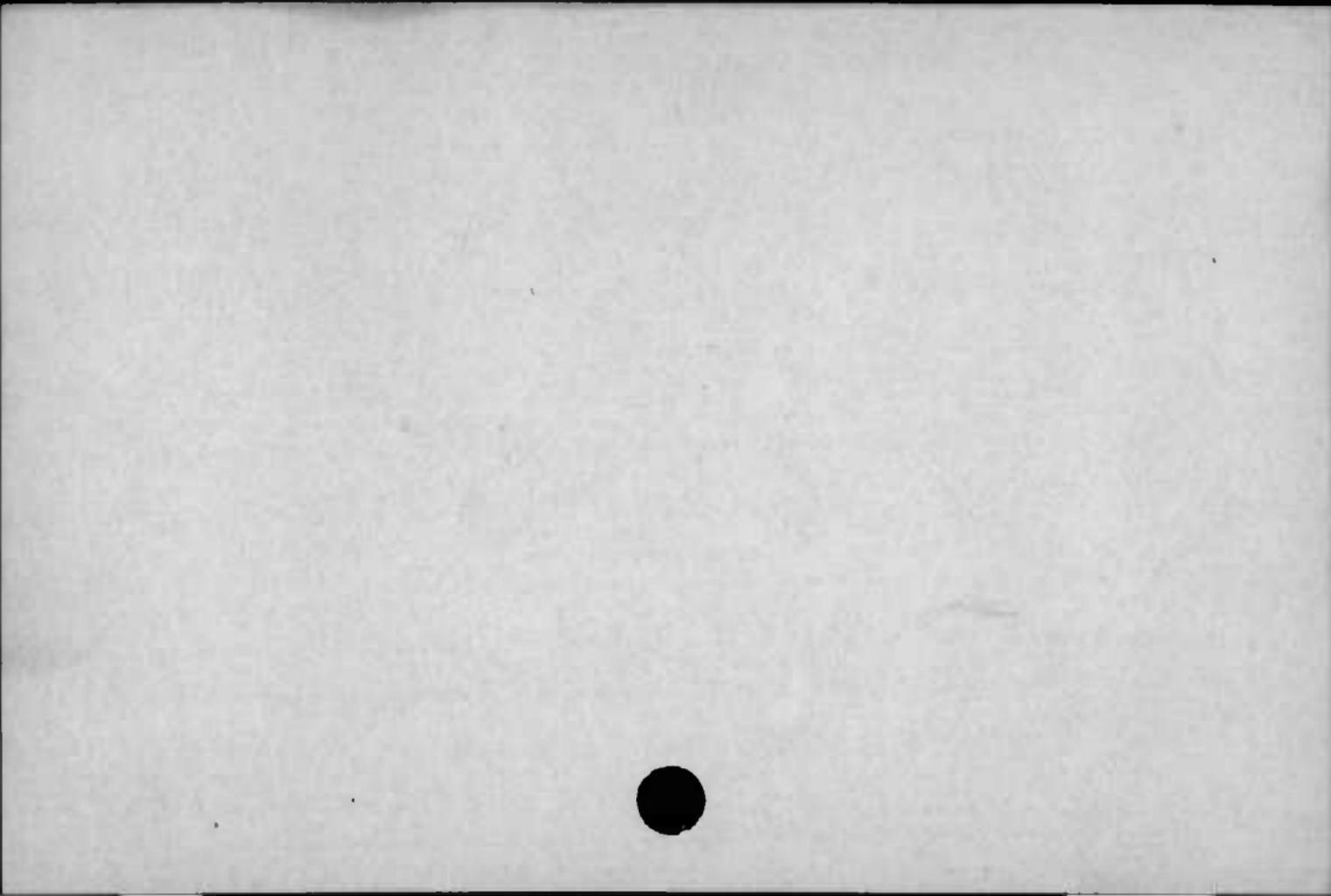
John West

Address

Brownwood

Frederick

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Benton Lantz

CERTIFICATE OF DEATH

MARYLAND

Died at Berfield or Lantz Rd. Town Frederick County
Date of death 1905 Month Dec Day 30 Years 56 Months 4 Days 21

Sex Male Color or Race White Birth-place Frederick Co, Md.

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mary J. Tressler

Father's Name John Lantz Father's Birthplace Lancaster Co. Pa.

Mother's Maiden Name Julia Buhman Mother's Birthplace Adams Co. Pa.

Name of person giving information Mary J. Lantz How related to deceased wife

CAUSES OF DEATH

Primary Asthma & Bronchitis. How long 30 years.

Immediate Bronchitis - Pneumonia & heart failure How long 3 days.

Are the name, age, sex, color, date and place correctly given above?

yes

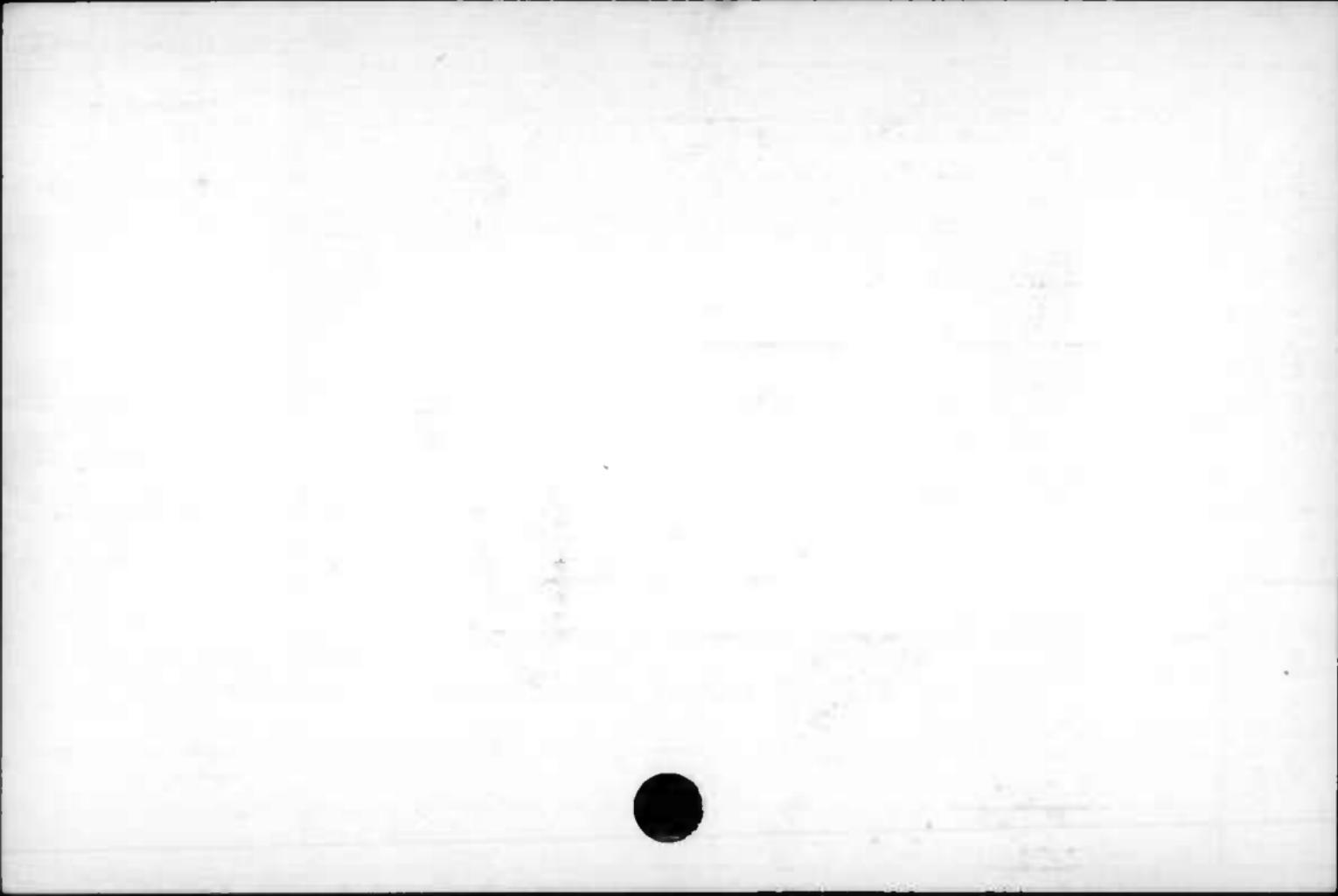
Signature of Physician

E. G. Kefauver,
Thurmont, Md.

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Peter Beathernau

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Died near Meyersville		County	Maryland		
Date of death	Month	Day	Years	Months	Days	
1905	Dec.	27	Age 74	2	—	
Sex	Male	Color or Race	White	Birth-place	Fred. Co	
Occupation	Farmer		Where Residing if not at place of death	Fred. Co		
Married, Single or Widowed	Married	Name of Wife or Husband	Julia Bowles			
Father's Name	Jacob Beathernau		Father's Birthplace	Fred Co.		
Mother's Maiden Name	Susan Harp		Mother's Birthplace	", "		
Name of person giving information	Mrs. Peter Beathernau		How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Purulent Cystitis (1) How long 14 days

Immediate Septicemia (Subacute) 3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

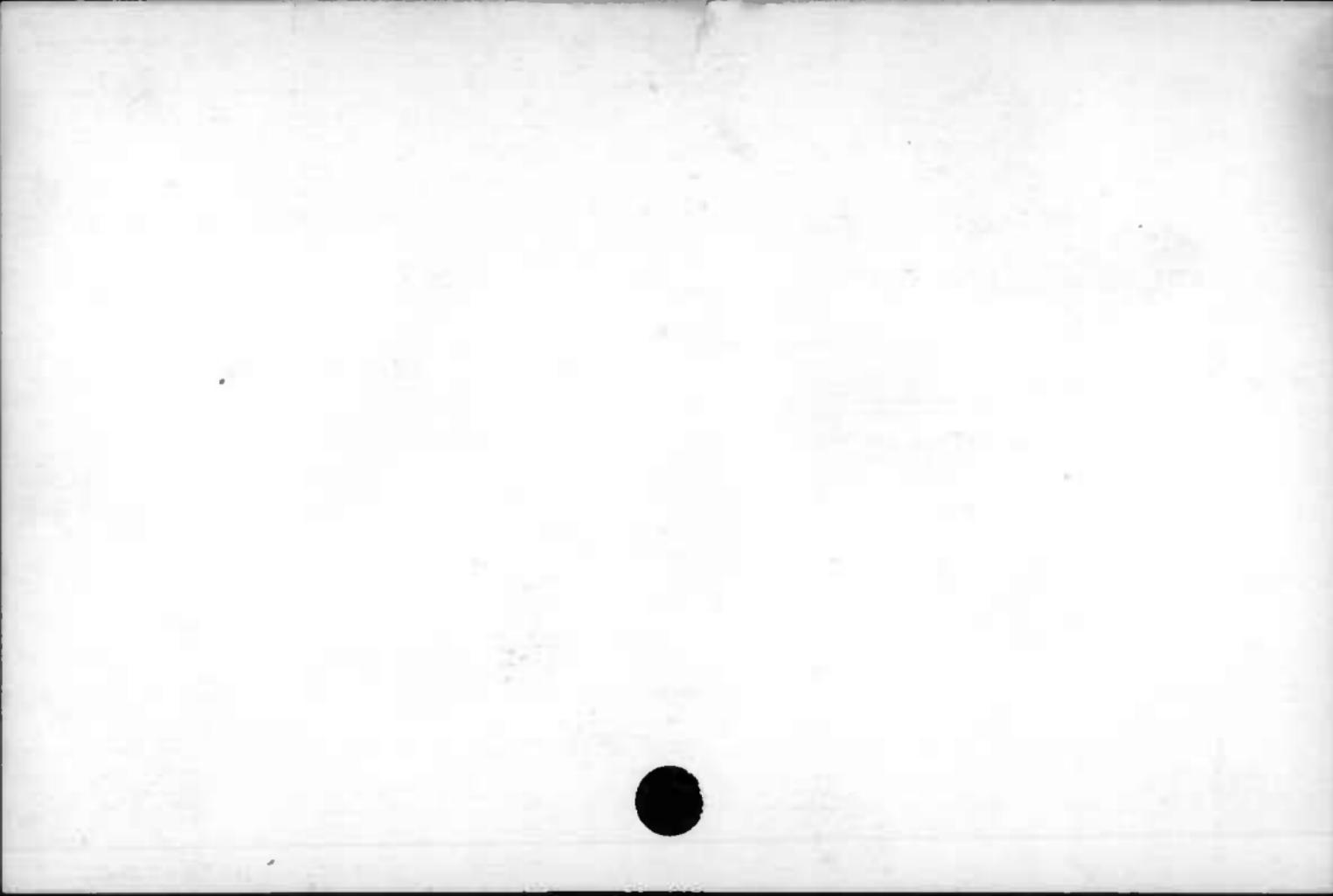
Signature of Physician

S. S. Davis

Address

Boonsboro
Md

Accident or Suicide?



Name
in
Full

Julia Amanda Liggett

CERTIFICATE OF DEATH

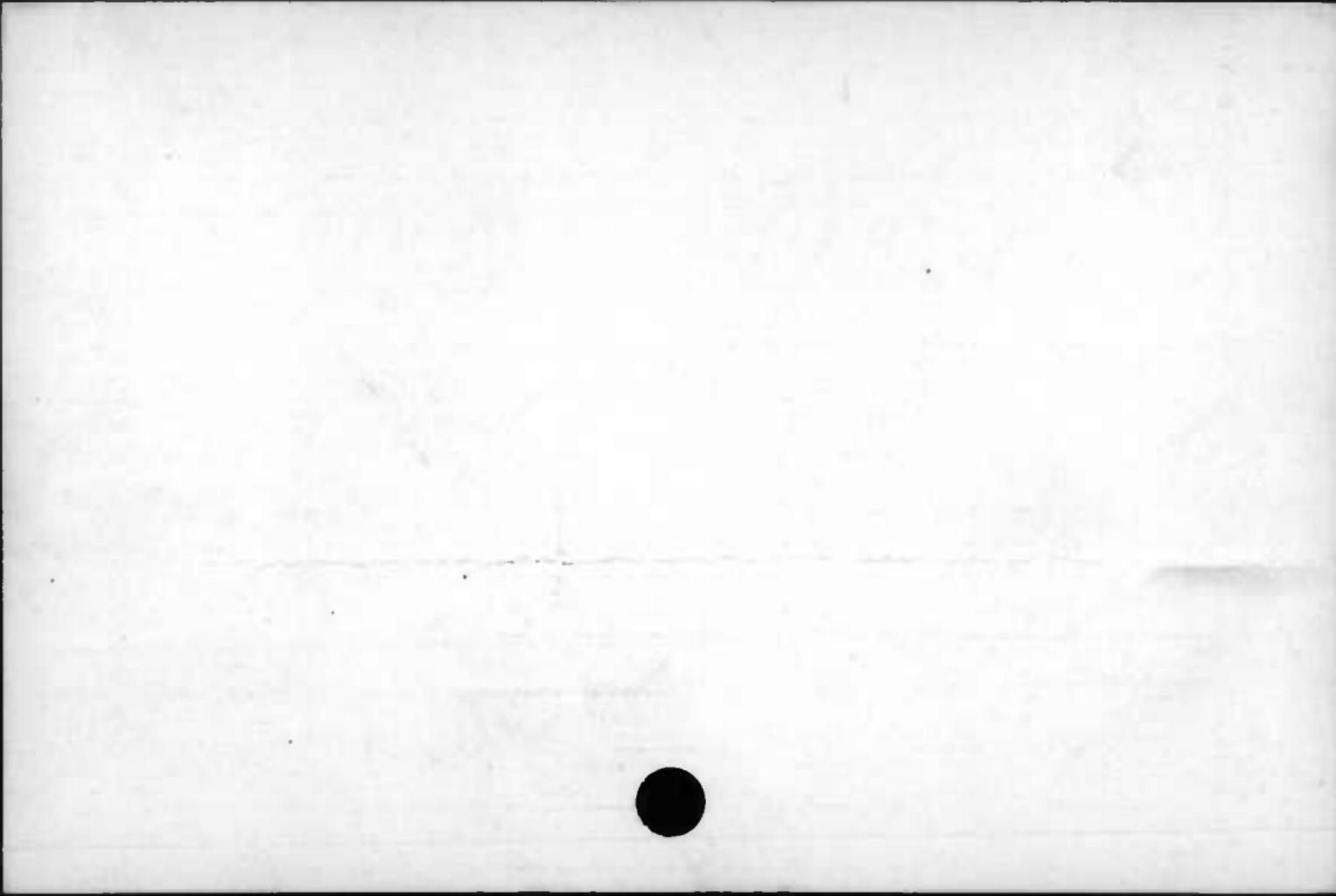
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Walkersville</u>		Town	County	MARYLAND		
Date of death <u>1905</u>	Month <u>12</u>	Day <u>5</u>	Years <u>59</u>	Age <u>59</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Walkersville</u>	<u>May</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death <u>At place of death</u>					
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Divorced</u>	Father's Name <u>Henry R. Harris</u>	Father's Birthplace <u>Carroll Co., Md.</u>			
Mother's Maiden Name <u>Clarissa Barrick</u>	Mother's Birthplace <u>Fred Co.</u>	Name of person giving Information <u>J. W. H. Wagner</u>	How related to deceased <u>1st marriage</u>			

CAUSES OF DEATH

Primary	<u>Paralysis</u>	How long	<u>2 yr & 4 mos.</u>
		<u>16</u>	
Immediate	<u>Malnutrition</u>	How long	<u>3 1/2 mos.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>J. W. H. Wagner</u>
		Address	<u>Woodsboro, Md.</u>
Accident or Suicide? <u> </u>			

PHYSICIAN
OR CORONER



Name
in
Full

John Robert Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Emmitsburg		Town Frederick		County MARYLAND	
Date of death 1905	Month 12	Day 12	Years	Months 9	Days 23
Sex Male	Color or Race White	Birth-place Emmitsburg Md			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Charles Edward Long	Father's Birthplace Emmitsburg Md				
Mother's Maiden Name Mary Alice Slagle	Mother's Birthplace Adams Co. Pa.				
Name of person giving information Mrs John Long	How related to deceased Grandmother				

CAUSES OF DEATH

Primary

diarrhoea

How long

4 days

Immediate

convulsions

How long

3 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

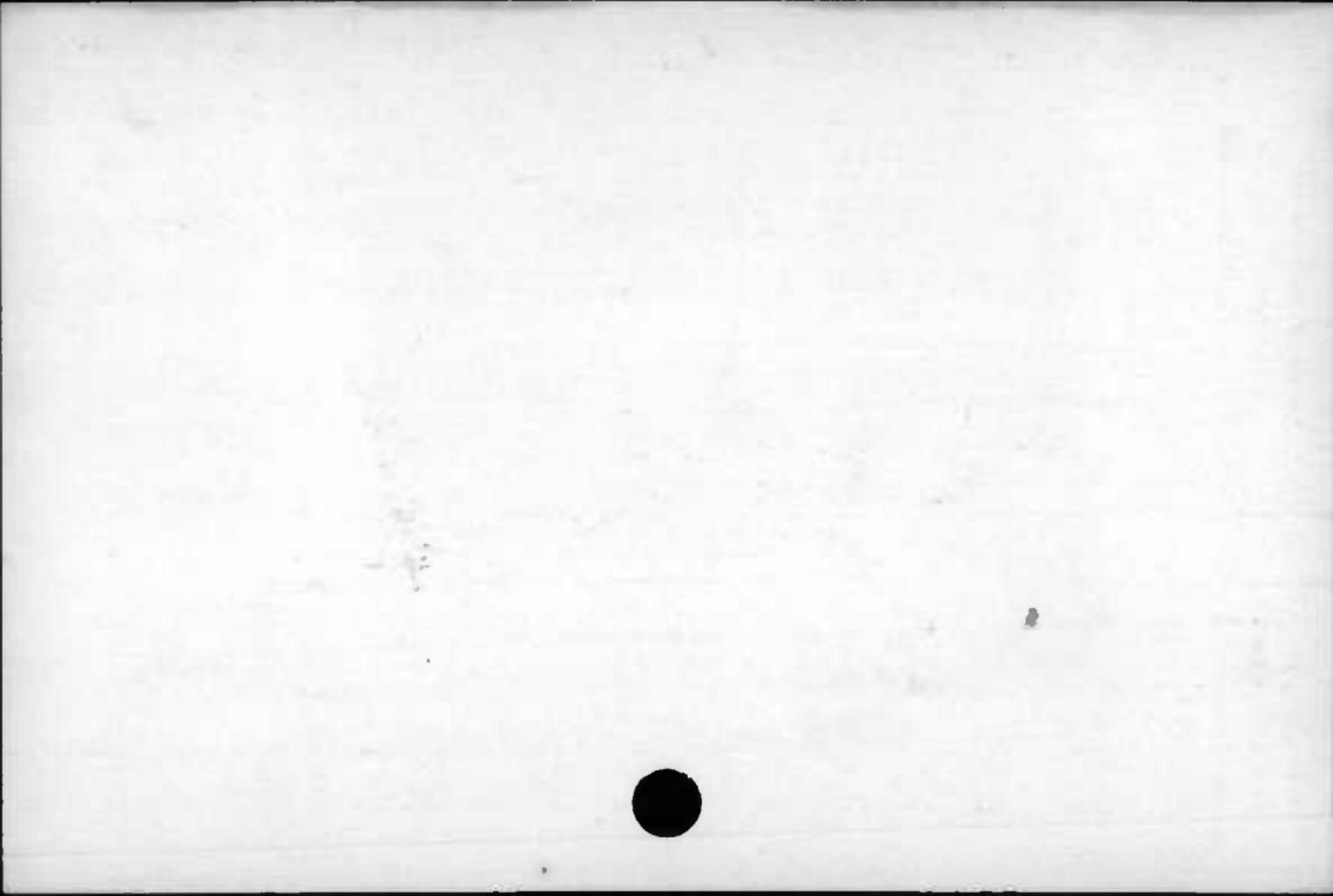
Yes

Signature of
Physician

W. H. Schellenger
Emmitsburg Md.

Address

Accident or Suicide?



Name
in
Full

James B. E. Lain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died in Nebraska Town		Dist. Frederick County		MARYLAND	
Date of death 1905	Month Dec.	Day 23	Age 50	Years 2	Months 8
Sex Male	Color or Race White	Where Residing if not at place of death		Birth-place Frederick Co.	
Occupation Labourer	Name of Wife or Husband Frank Grattan's				
Married, Single or Widowed Single					
Father's Name Joseph E. Lain			Father's Birthplace Illino		
Mother's Maiden Name Sydia Baker			Mother's Birthplace Illino		
Name of person giving information Edward E. Lain			How related to deceased Nephew		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Alcoholic Intoxication

Immediate

Apoplexy

How long **Sudden**

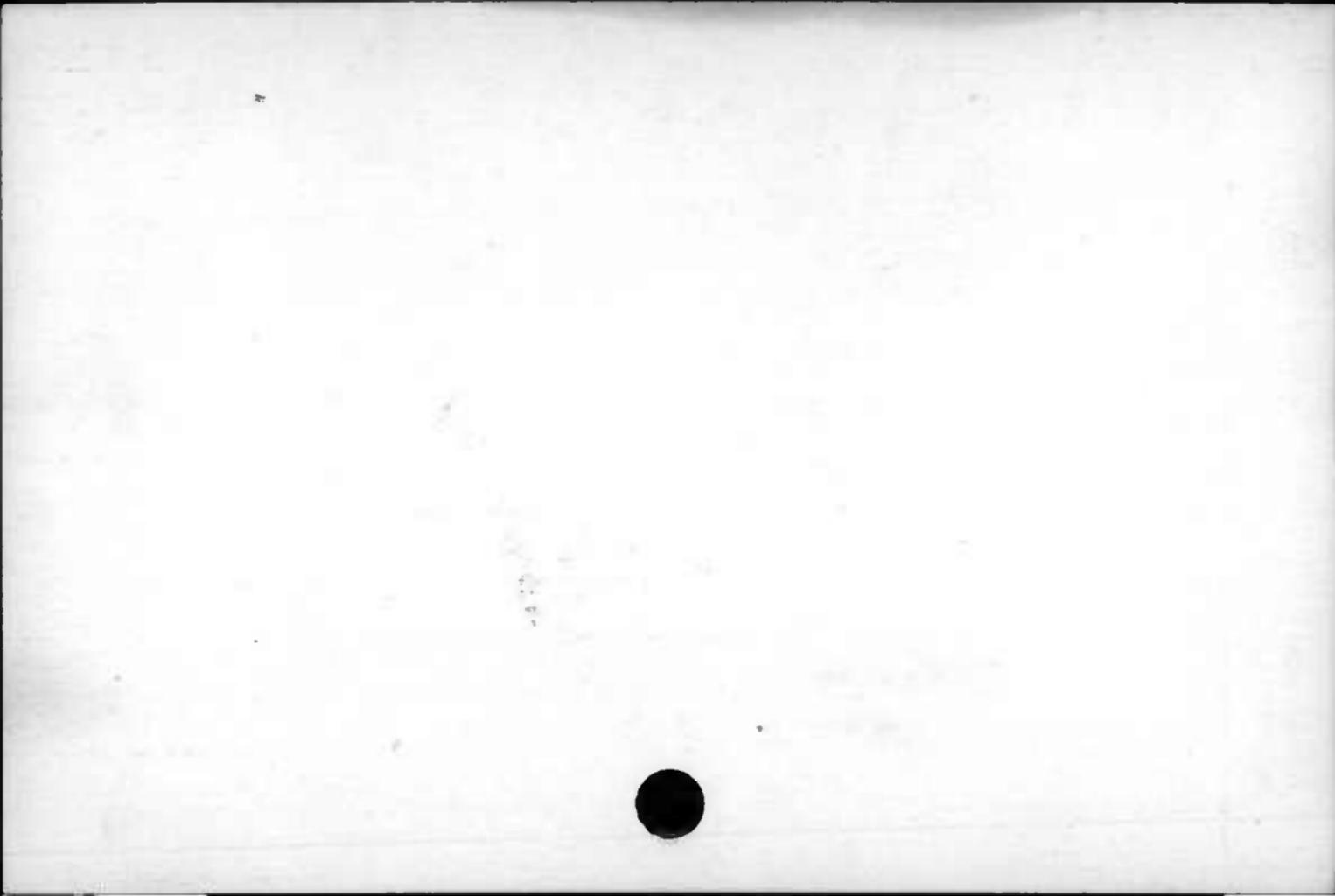
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

**E. E. Mullins -
Nebraska - -
Maryland -**

Address

Accident or Suicide?



Name
in
Full

Jerome Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Burkittsville</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>24</u>	Age <u>20</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>	Where Residing if not at place of death <u>Baltimore</u>		Birth-place		
Occupation <u>Waiter</u>						
Married, Single or Widowed	Name of Wife or Husband					
Father's Name					Father's Birthplace	
Mother's Maiden Name <u>Mary C. Mills</u>					Mother's Birthplace	
Name of person giving information <u>Geo. Whalen</u>					How related to deceased <u>Not related</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

Five months

Immediate

Tuberculosis

How long

Five months

Are the name, age, sex, color, date and place correctly given above?

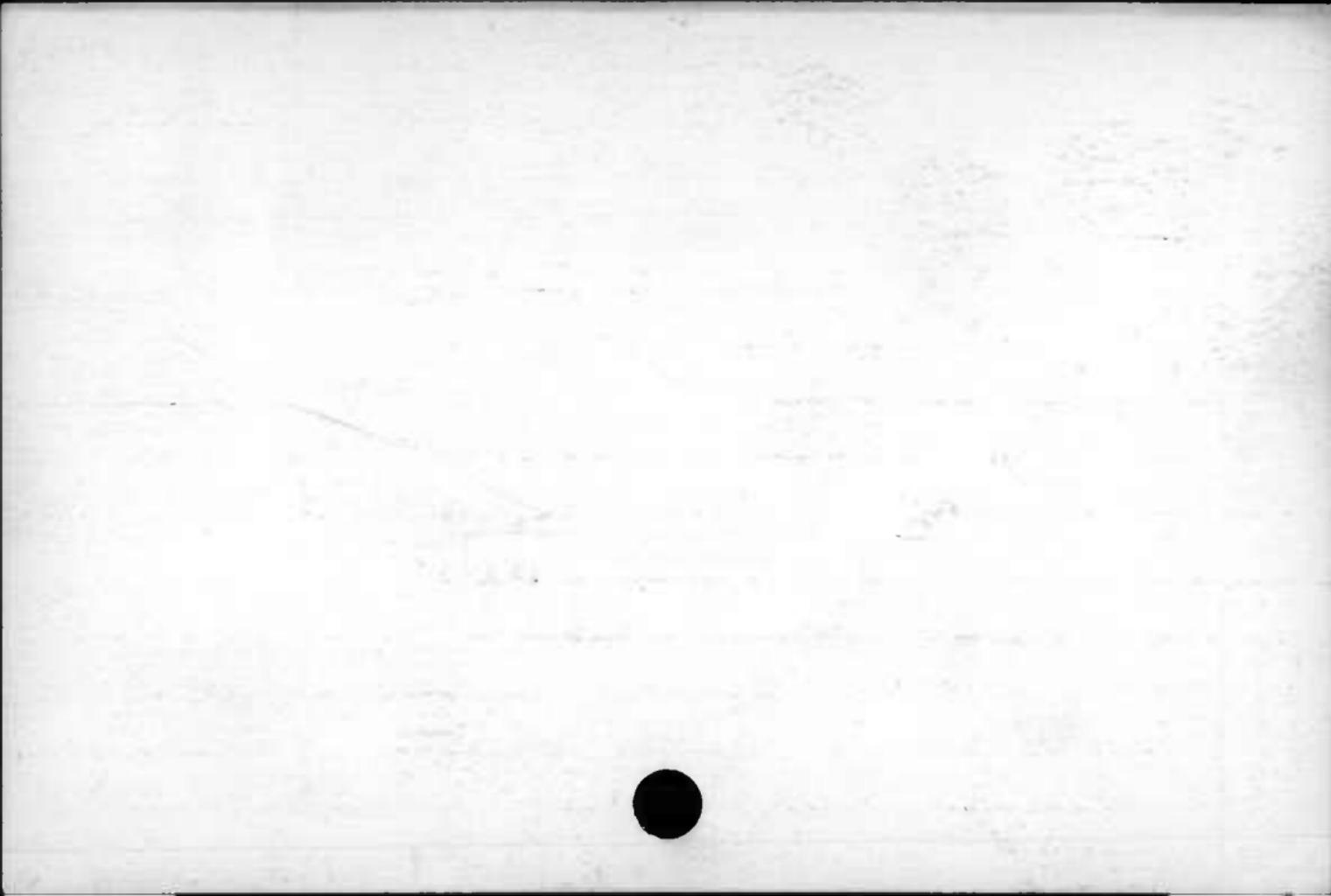
Yes

Signature of Physician

Address

Geo. Whalen
Burkittsville
Maryland.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>John Henry Moser</i>					CERTIFICATE OF DEATH			
Died at <i>Ellerton</i>		Town <i>Fredricks</i> County <i>Fredricks</i>			MARYLAND			
Date of death <i>1905</i>	Month <i>12</i>	Day <i>6</i>	Years <i>71</i>	Age <i>71</i>	Months <i>6</i>	Days <i>15</i>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Fredricks Co.</i>						
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>Ellerton</i>							
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Amanda Moser</i>							
Father's Name <i>Samuel Moser</i>	Father's Birthplace <i>Fredricks Co. Md.</i>							
Mother's Maiden Name <i>Mary Hostler</i>	Mother's Birthplace <i>Fredrick Co. Md.</i>							
Name of person giving Information <i>Amanda Moser</i>	How related to deceased <i>Wife</i>							

CAUSES OF DEATH

Primary

Mitral Regurgitation

How long

5 years

Immediate

Edema of lungs

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

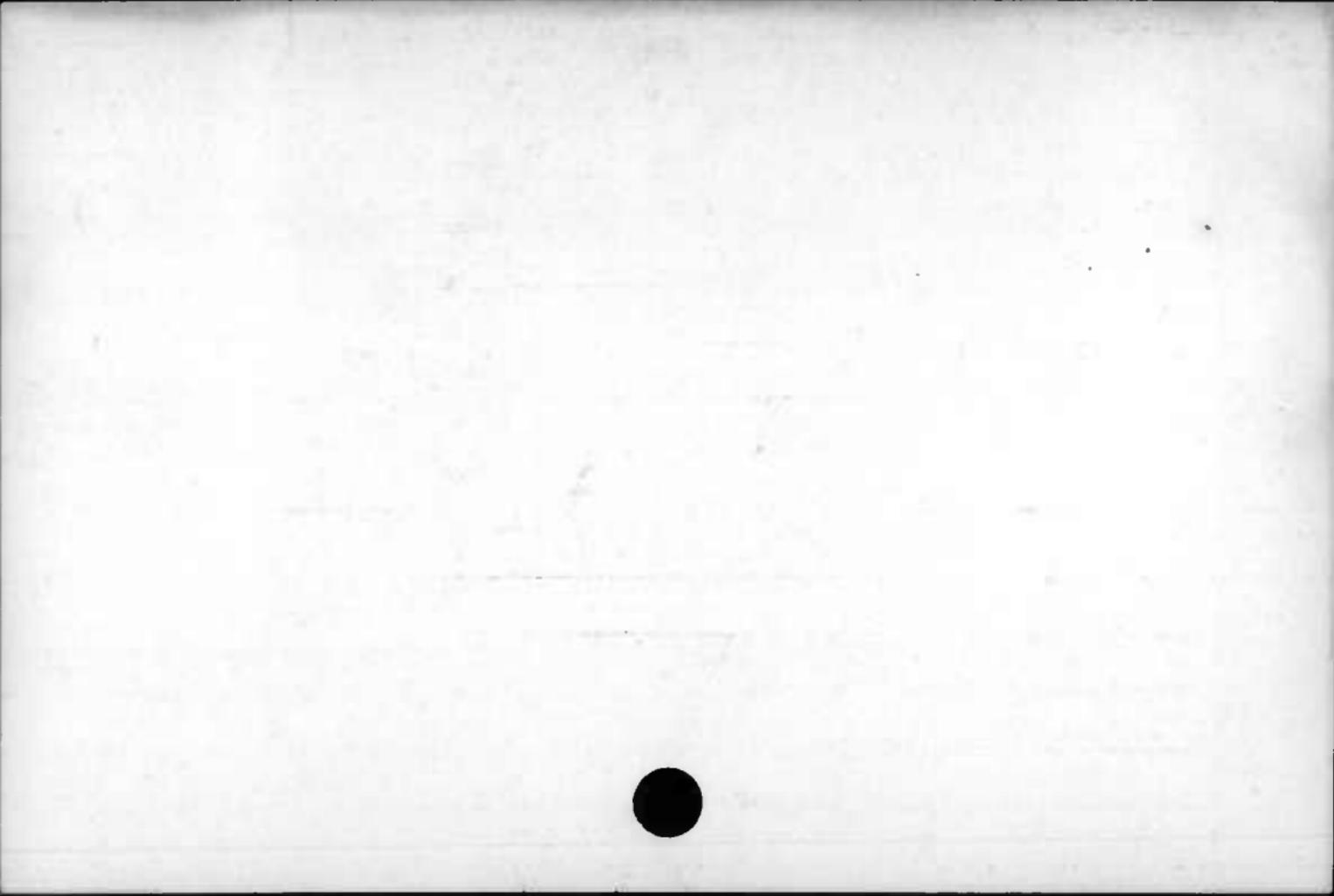
Signature of Physician

Ralph Browning

Address

Marysville, Md.

Accident or Suicide?



Martha Moser

Town

County

Died at

near Commitsburg

Frederick

MARYLAND

Month

Day

M.

D.

Native of

Date 19

05

12

8

Age

89-8-21

Occupation

~~White~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Never~~

Number of children living

Husband of

William Moser

Wife

Mother's

Father's Name

Maiden Name

Cause of Death

Primary

Death

Immediate

How long sick

X54

Accident, Suicide, Homicide

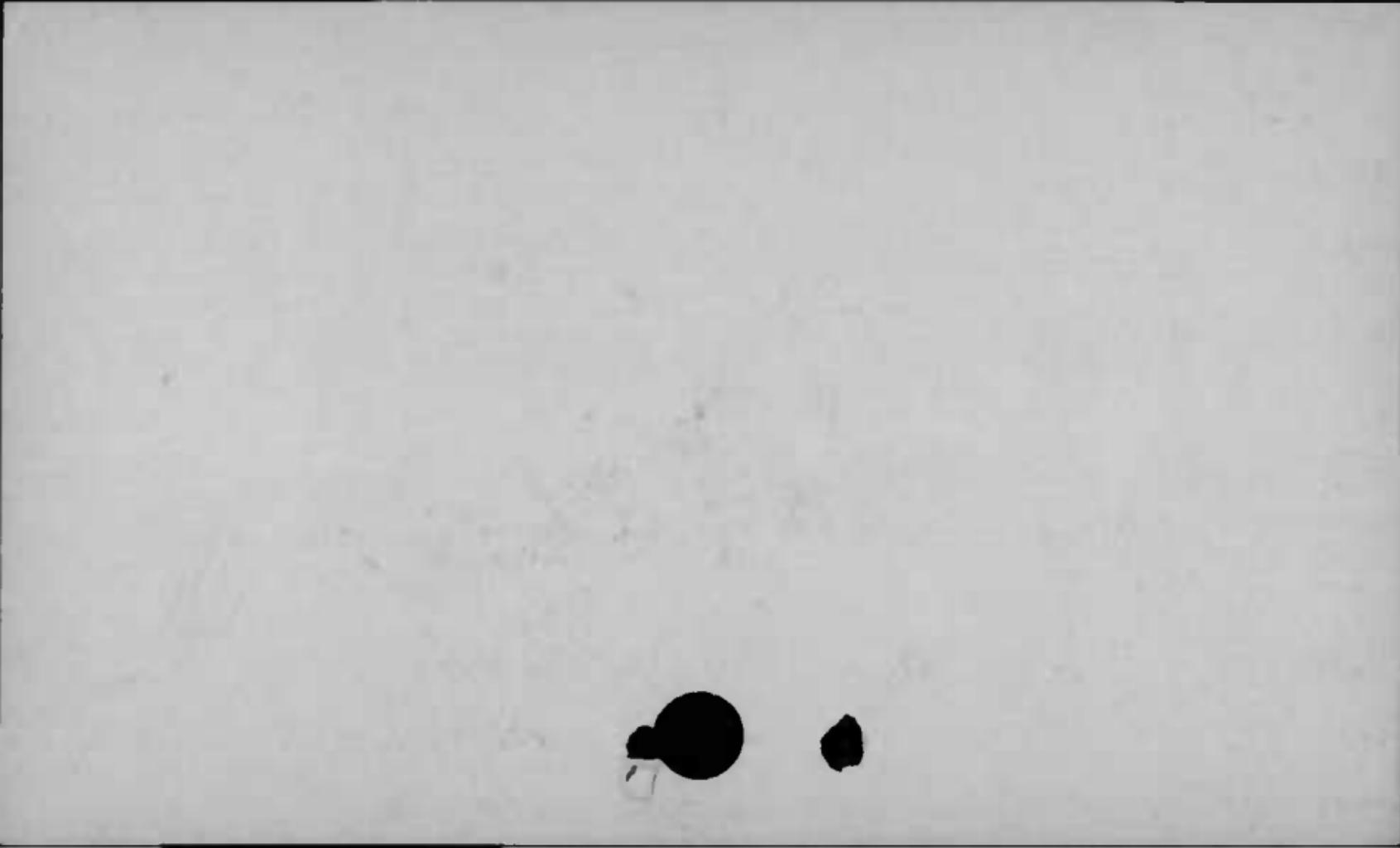
Reported by

Robert L. Arman

Address

Commitsburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Anna M. Null

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Thurmont			County	Frederick		MARYLAND	
Died at	Month	Day	Years	Age	Months	Days		
Date of death	1905	Dec	14	74	4	14		
Sex	Female	Color or Race	White		Birth-place	Don't Know		
Occupation	Retired			Where Residing if not at place of death	Residing with daughter			
Married, Single or Widowed	Wm Null			Name of Wife or Husband	George Wayne			
Father's Name	George Wayne			Father's Birthplace	Middleton			
Mother's Maiden Name				Mother's Birthplace				
Name of person giving Information	Jemim Freeze			How related to deceased	Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart & Kidneys	How long	one year
Immediate	Paroxysms	How long	one hour

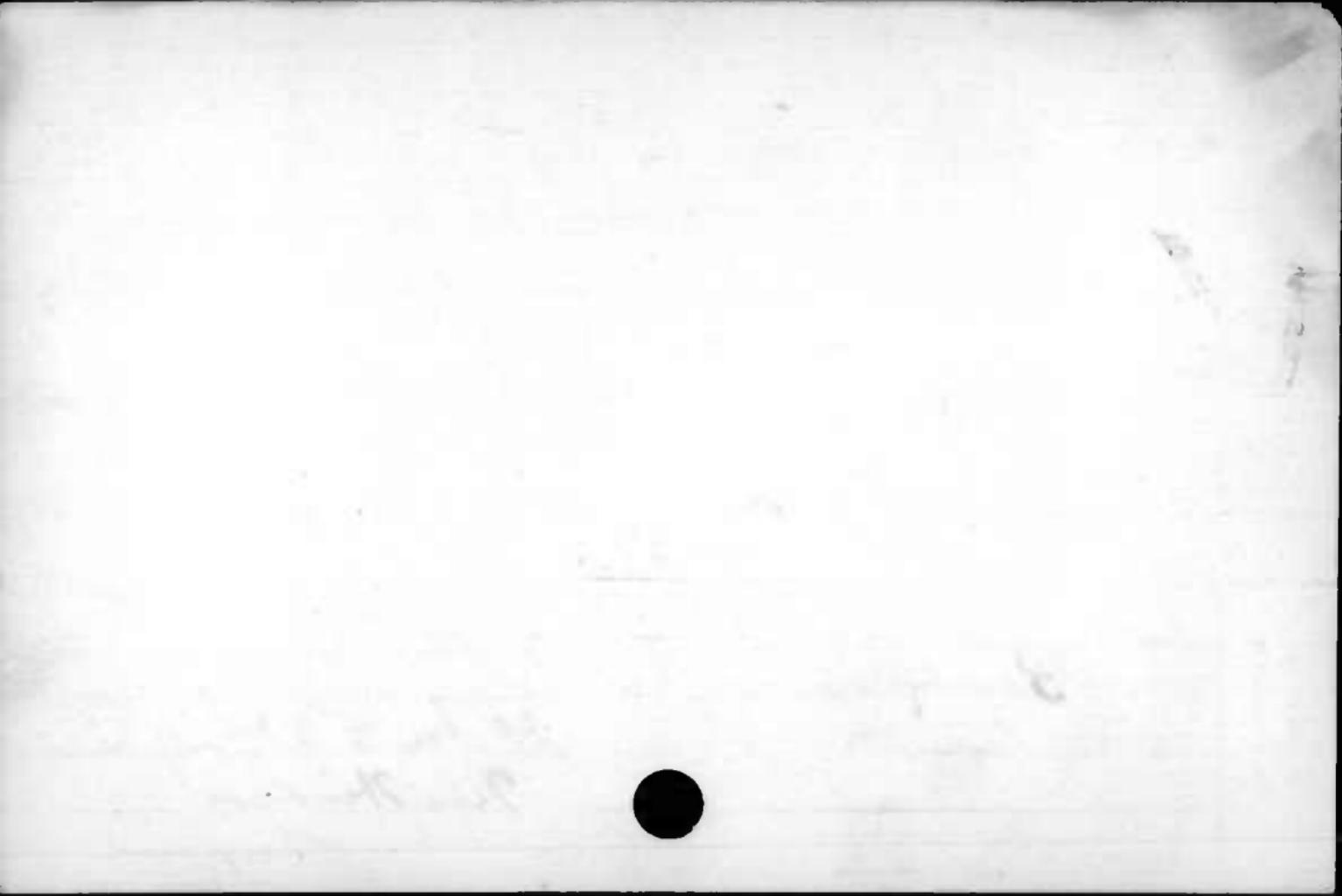
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

JAMES R. WALTERS
Thurmont Md.

Accident or Suicide?



Name
in
Full

Thomas Page

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1905	Dec	18	86			
Sex	Male	Color or Race	White	Birth-place	Md	
Occupation	Carpenter		Where Residing if not at place of death	Oak orchard		
Married, Single or Widowed	M	Name of Wife or Husband	Emma A Page			
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information	Dr. Whitehill			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary



How long

Immediate

Paralysis

How long

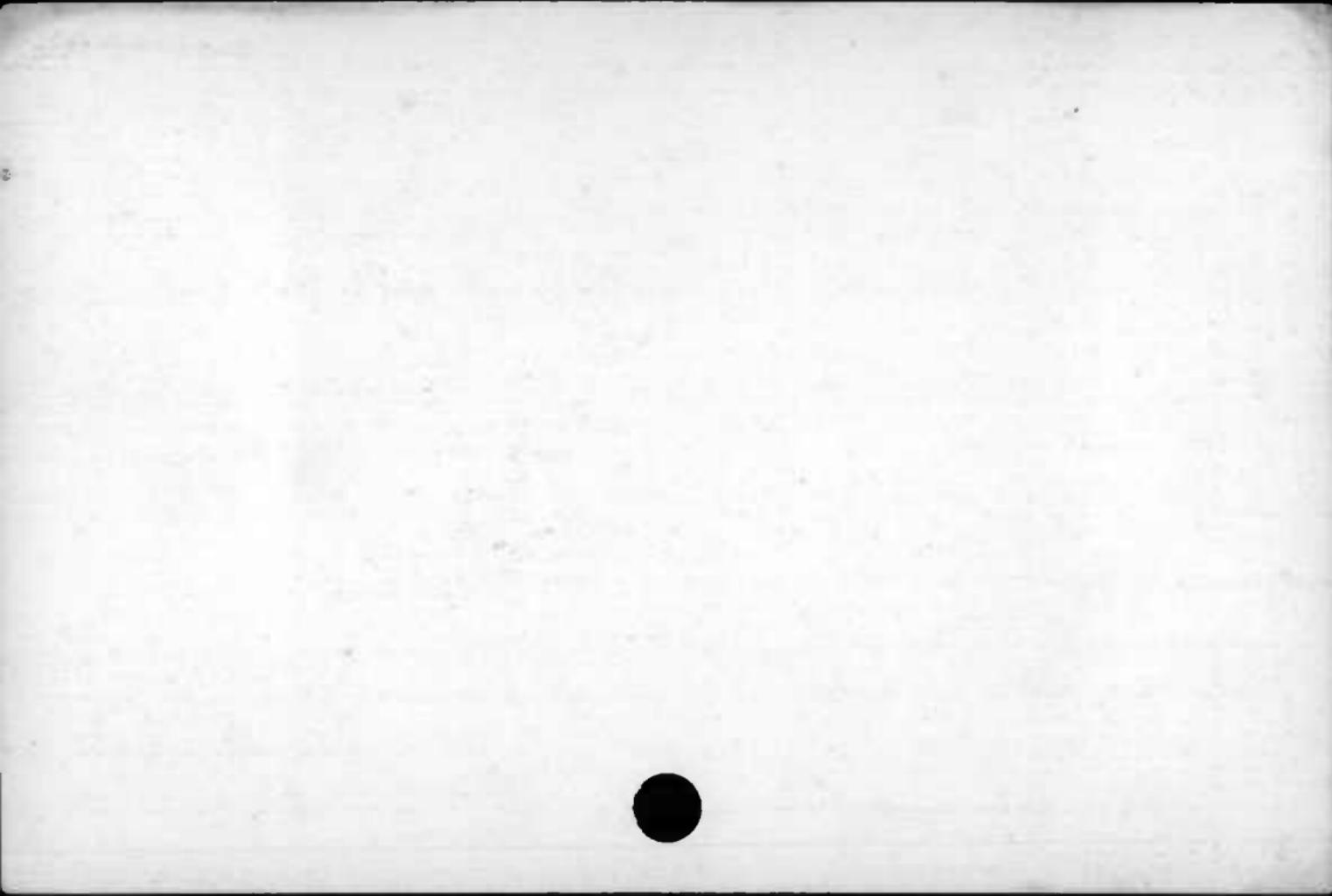
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. John E. Whitehill
New Windsor
Maryland

Accident or Suicide?



Name
in
Full

Daisy Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u>		County <u>Fredwick</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>29</u>	Years <u>—</u>	Months <u>10</u>	Days <u>—</u>
Sex <u>Female</u>	Color of Race <u>white</u>	Birthplace <u>Md.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>James A. Phillips</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Ruby E. Simmons</u>	Mother's Birthplace <u>Md</u>				
Name of person giving information <u>James A. Phillips</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary	<u>Meningitis</u> . <u>Tubercular(1)</u>	How long	<u>1 month</u>
Immediate	<u>convulsions</u>	How long	<u>1 week</u>

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Lin Wish

Address

Brunswick

Frederick Co

Accident or Suicide?



Name
in
Full

William S. Ray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pearl</u>		Town	County <u>Maryland</u>		MARYLAND	
Date of death <u>1905 Dec</u>	Month	Day <u>23</u>	Age <u>40</u>	Years	Months <u>3</u>	Days <u>21</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place				
Occupation <u>Merchant (general)</u>	Where Residing if not at place of death <u>Alice Haugh</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Alice Haugh</u>					
Father's Name <u>Samuel Ray</u>	Father's Birthplace <u>Washington Co. Md.</u>					
Mother's Maiden Name <u>Gannie M. Lauer</u>	Mother's Birthplace <u>Indiana Ind.</u>					
Name of person giving information <u>Mrs. W. S. Ray +</u>	How related to deceased <u>Wife</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Laudry's Paralysis

13

How long

7 mos

Immediate

Exhauation

How long

+

Are the name, age, sex, color, date and place correctly given above?

Y.M.

Signature of Physician

S. S. Hayward

Address

17 Second St. W.

Fairmont Md.

Accident or Suicide?



Name
in
Full

Louisa Shaper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Middleton Town Terre County

MARYLAND

Date of death 190 Month 6 Year 6 Age 57 Months 1 Days 19
Sex female Color or Race White Birth-place Ind

Married, Single
or Widowed

Married Occupation House Wife

Name of Husband

Samuel Shaper

Father's Name

—

Father's Birthplace

Mother's Maiden Name

—

Mother's Birthplace

Name of person giving
Information

Samuel Shaper

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Cancer of Liver.

How long

3 mo. (2)

Immediate

General Asthma.

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

C. H. R. Crum, M.D.

Jefferson, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mary Slickley
Frederick

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
1905	her	4	2	24
Sex	Color or Race	Birth-place	Frederick	
Occupation		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband			
S.	—			
Father's Name	H. F. Slickley			
Mother's Maiden Name	Alice Easterday			
Name of person giving information	H. F. Slickley			
1				
Father's Birthplace	City			
Mother's Birthplace	County			
How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchial Disease		How long
Immediate	Emphysema		4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	How long
		Dr. W. Kennedy	15 hours
Address			
Accident or Suicide?	X		



Name
in
Full

Mary Eliza Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	Dec	9	Age 67			
Sex	Color or Race		Birth-place			
Female	White		Allegheny			
Occupation	Where Residing if not at place of death					
Widow, Single or Widowed	Name of Wife or Husband					
Widow, Single or Widowed		Name of Wife or Husband				
Father's Name	Leonard Smith					Father's Birthplace
Mother's Maiden Name	Eliza Jamison					Mother's Birthplace
Name of person giving information	Maria Lee Smith					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Ordinary fatigue

95

How long

Ten days

Immediate

Heart failure

How long

Guysedace

Are the name, age, sex, color, date and place correctly given above?

Yrs

Signature of Physician

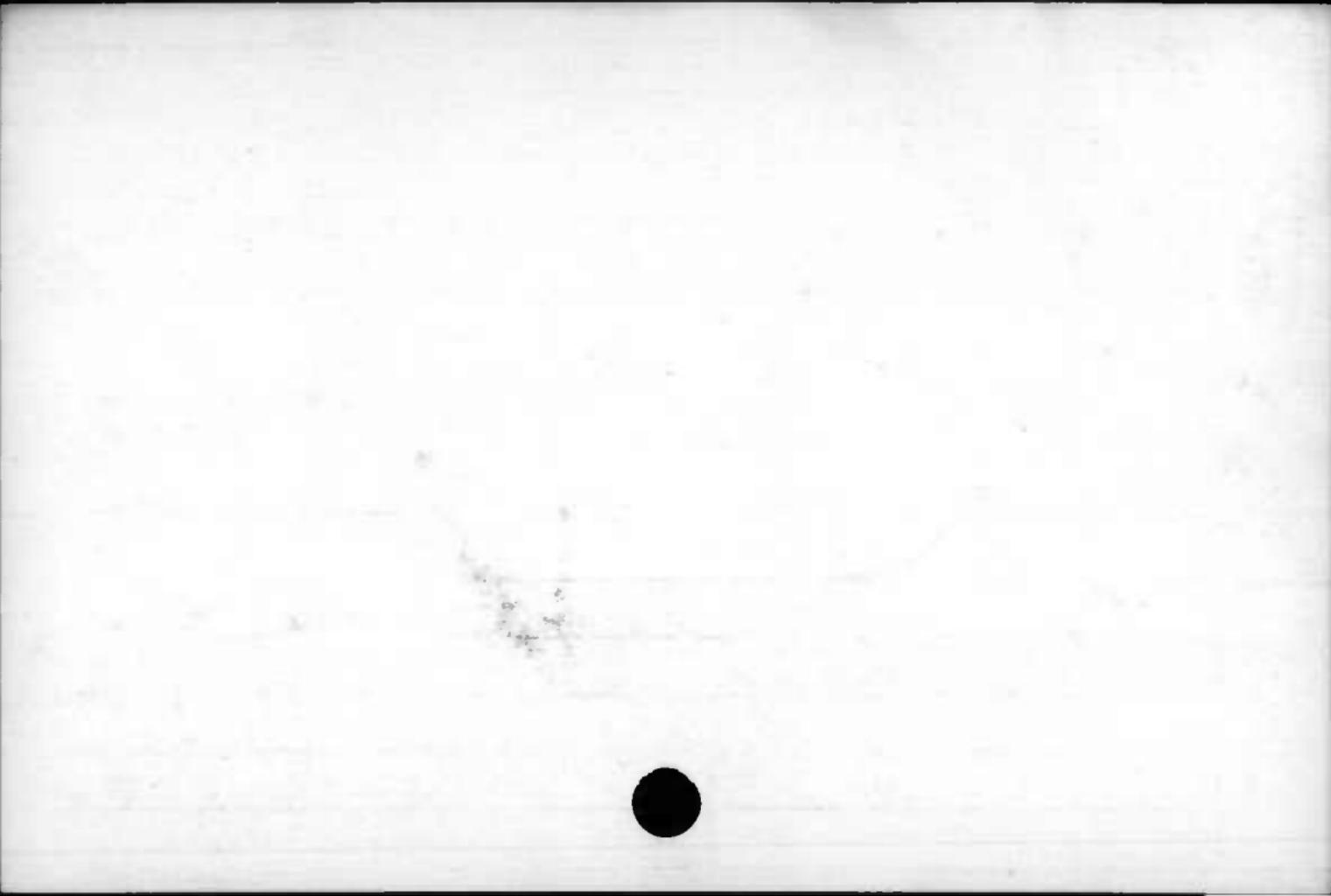
J. B. Johnson

Address

Indurie (nd)

Accident or Suicide?

No



Name
in
Full

Maude O. Strasberger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Frederick	County	MARYLAND		
Date of death	1900	Month 12	Day 24	Years 25	Months 8
Sex	Female	Color or Race	White	Birth-place	City
Occupation	Seamstress	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	Same		
Father's Name	J. W. Strasberger	Father's Birthplace	F. Co. Md		
Mother's Maiden Name	Catherine Fox	Mother's Birthplace	" " "		
Name of person giving information	Mrs. Strasberger	How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Phthisis

How long

4 years

Immediate

Exhaustion

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

Yes

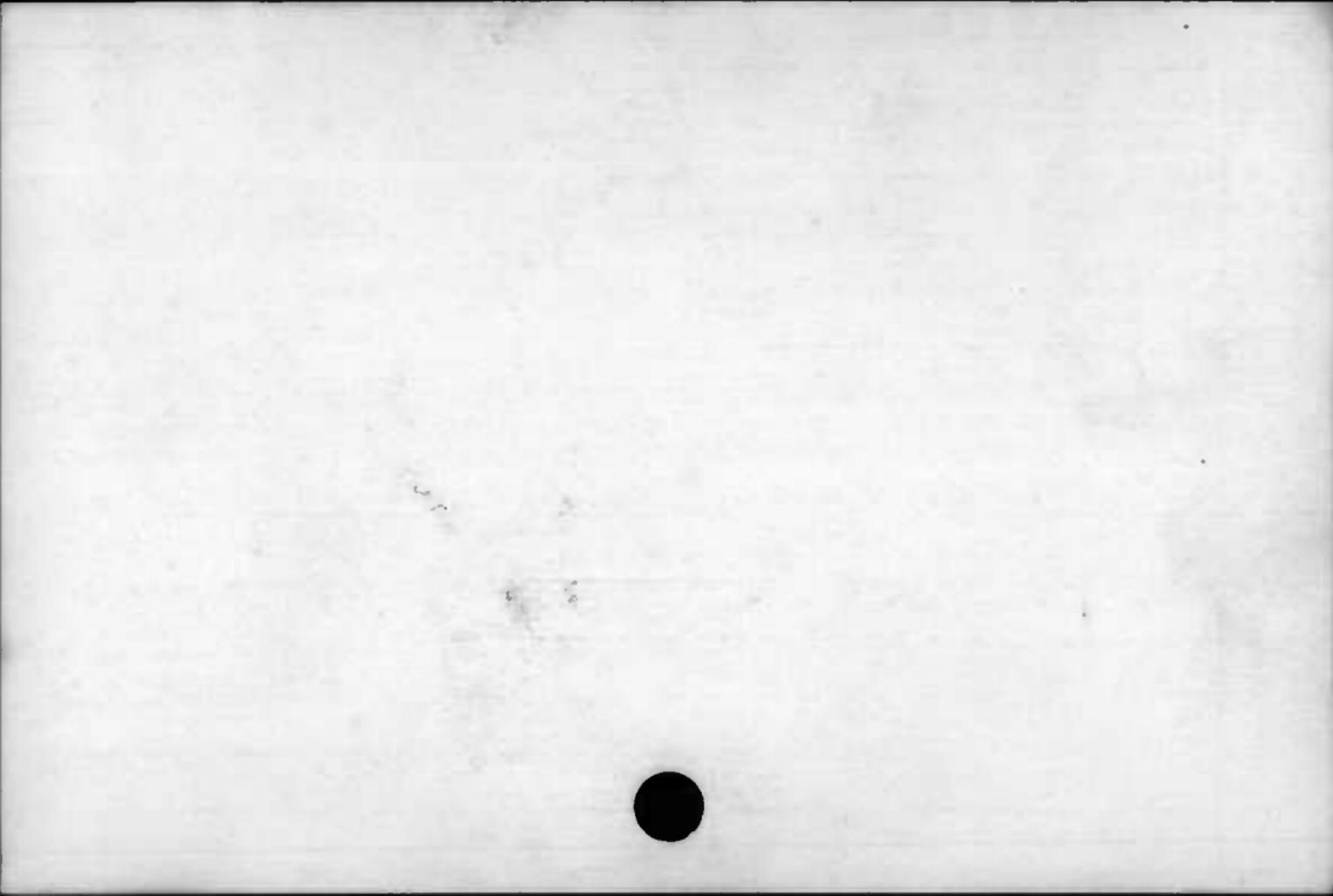
Signature of Physician

Address

W. M. Clegg

Frederick Md

Accident or Suicide?



Name
in
Full

Infant Still (M. M.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County
Hawesville Frederick

MARYLAND

Date Month Day Years Months Days
of death 1905 Dec. 4 1 Age Birthplace
Sex Male Color or Race White Md.

Occupation Where Residing if not
at place of death

Married, Single
or Widowed Name of Wife or
Husband

Father's Name Frederick J. Still

Father's Birthplace Md.

Mother's Maiden Name Daisy S. J. Wachtew

Mother's Birthplace Md.

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsions

How long

about 1/2 hour

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

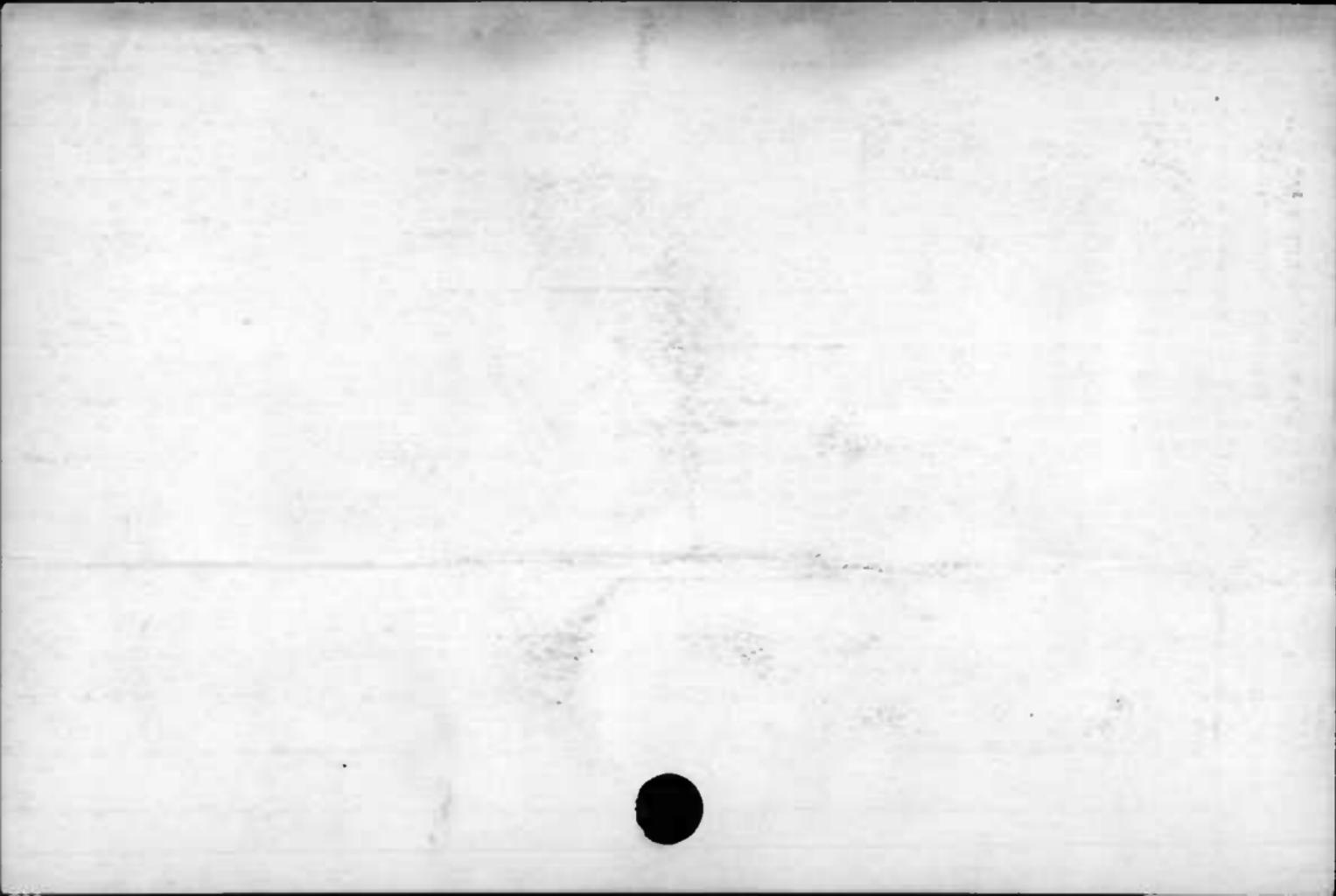
Yes

Signature of
Physician

Address

S. W. Haffner, M.D.
Frederick, Md.

Accident or Suicide?



Name
in
Full

Anna Eliza Taylor

CERTIFICATE OF DEATH

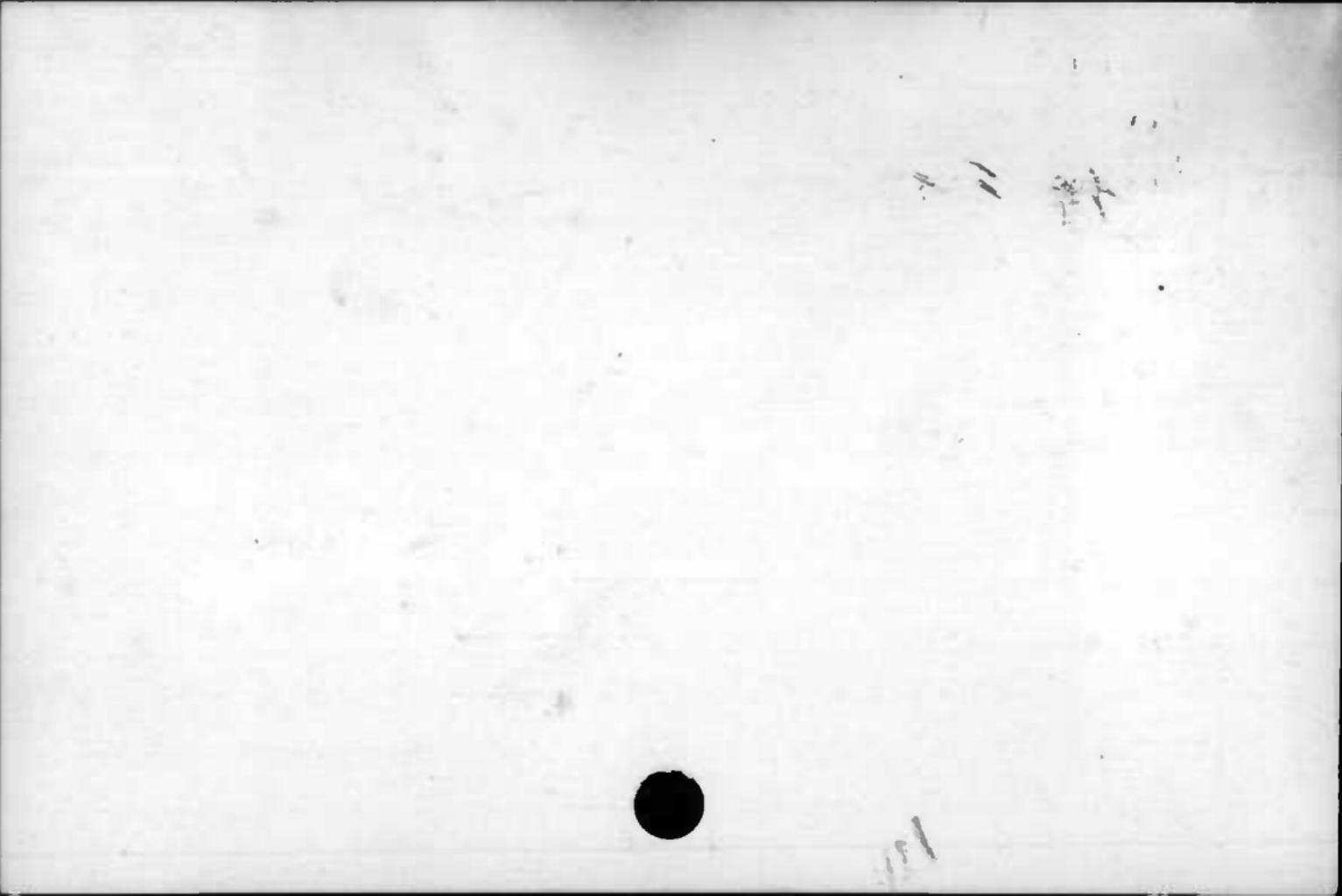
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Middletown		Frederick				
Date of death	1904	Month Dec	Day 6	Years 85	Months 7	Days 20	
Sex	Female	Color or Race	Colored		Birth-place	Md	
Occupation	House wife		Where Residing if not at place of death				
Married, Single or Widowed	widow	Name of Husband	Henry Taylor				
Father's Name	Elijah Counter				Father's Birthplace	Md	
Mother's Maiden Name	Lottie Brown				Mother's Birthplace	Md	
Name of person giving information	A. L. Felt				How related to deceased	no	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility		How long
Immediate	Apostasy		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	A. A. Lamm
		Address	Middletown
Accident or Suicide?			



Eryna Taylor

Town

County

Died at

MARYLAND

Date 1905

Month

Day

Y. M. D.

Native of

Occupation

Male

White

Age 32, M. Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Washington Taylor

Mother's

Maiden Name

Annie M. Berto

How long sick

Cause of

Primary

Death

Immediate

Convulsions



Accident, Suicide, Homicide

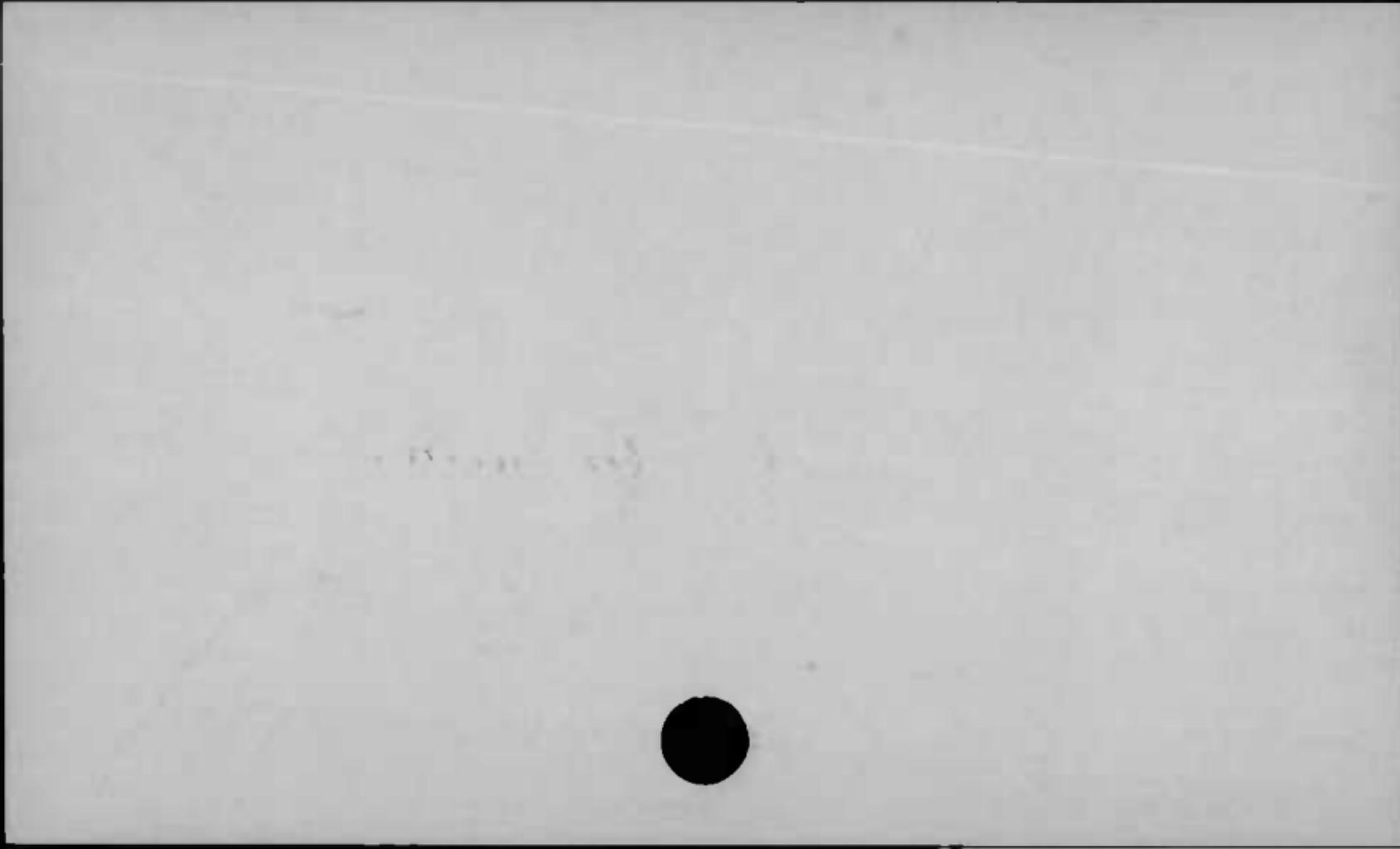
Reported by

E. S. Mayhew

Address

Lewiston Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie Jamenia Tappin.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	Indurie		County	Indurie	
Died at	Month	Day	Age	Years	Months Days
Date of death 1905	Dec	21	Age	77	
Sex	Color or Race	white			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed		Name of Husband	John Tappin X		
Father's Name	Henry Klein				
Mother's Maiden Name	Ella Klein				
Name of person giving information	Mrs Lambright				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastric - Sanguine 10-12 weeks

Immediate

General debility

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J B Johnson M.D.

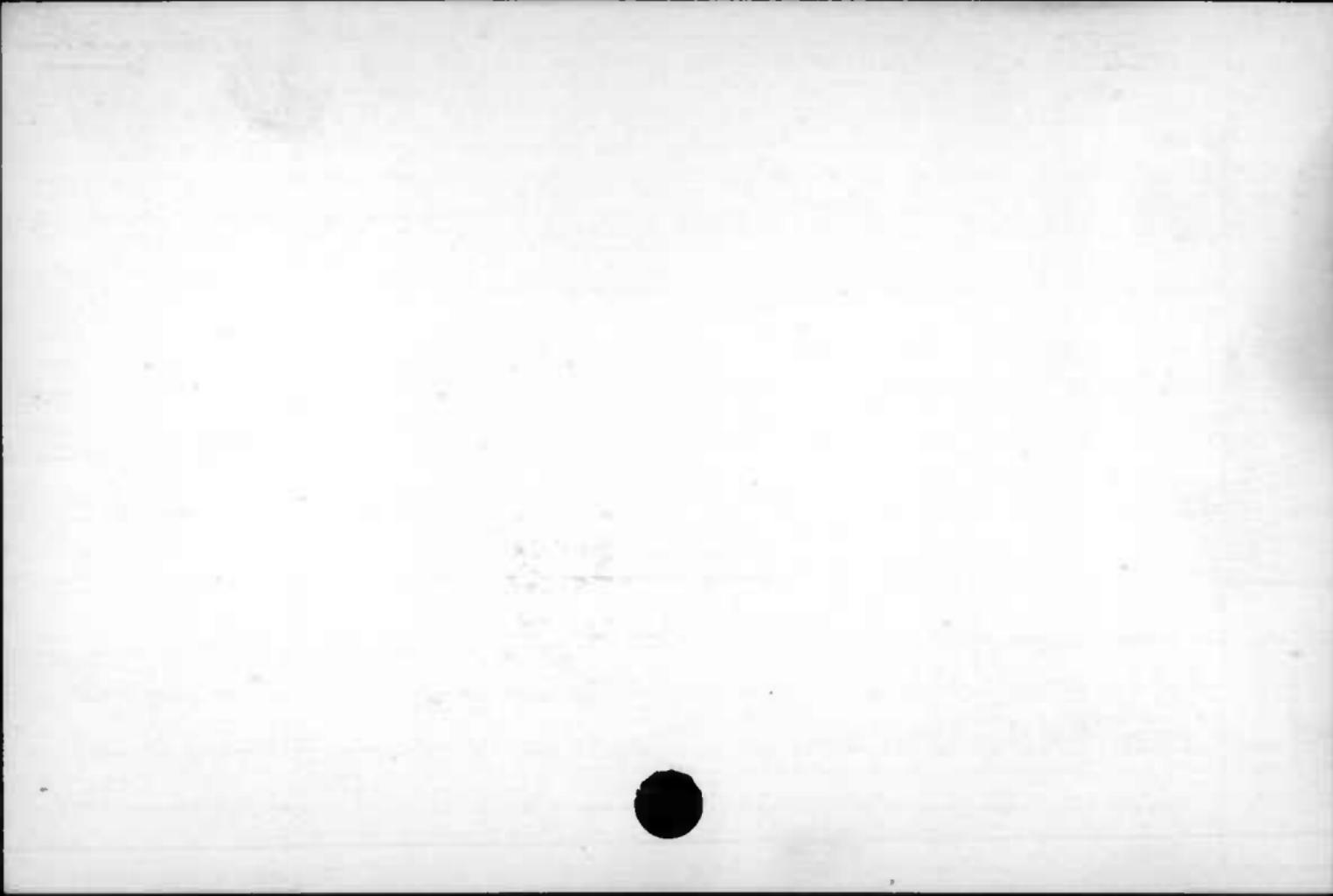
How long

How long

Gradual

Accident or Suicide?

Indurie Md.



Name
in
Full

Harry. E. ~~Howard~~ Wachler

CERTIFICATE OF DEATH

To BE ANSWERED BY

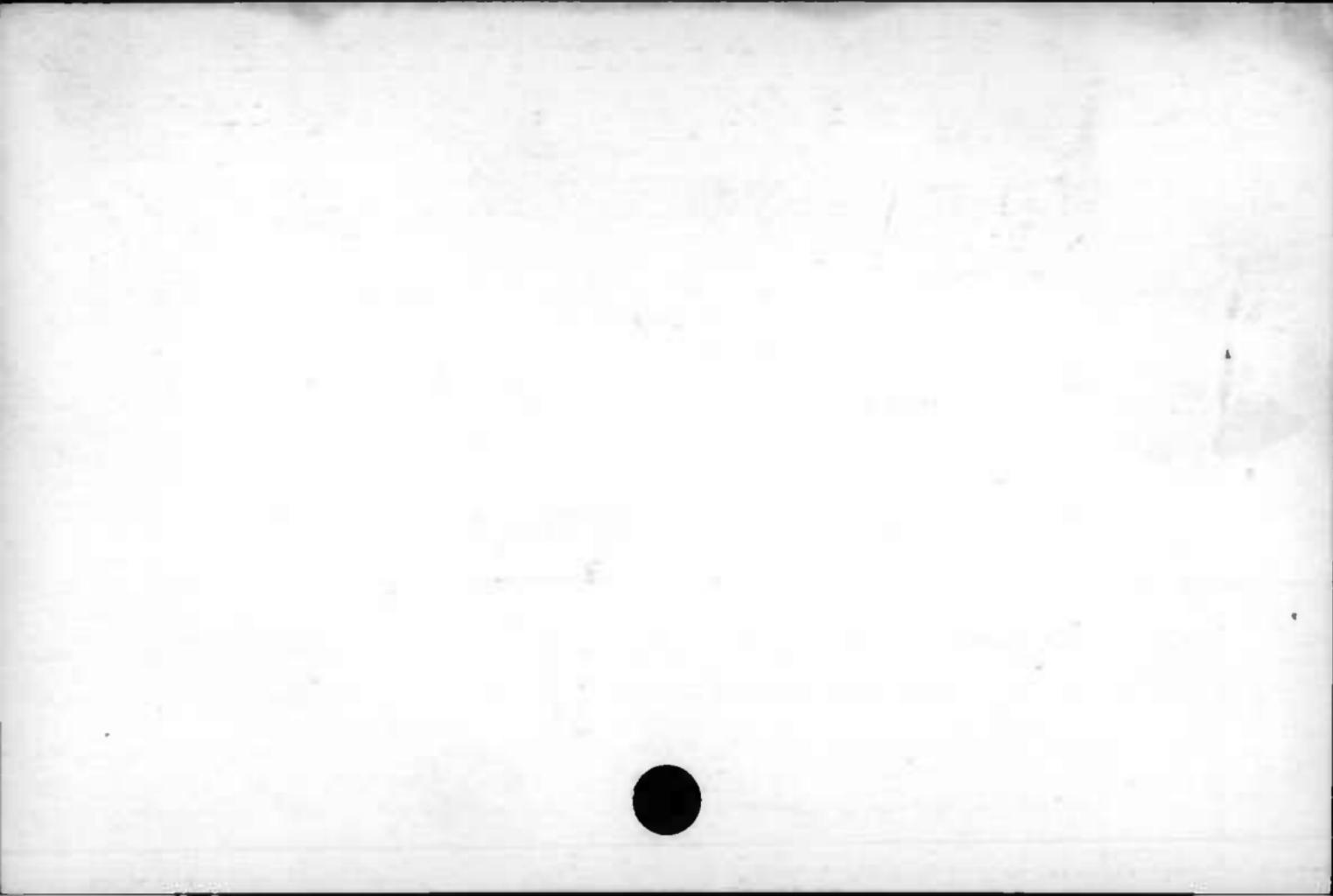
NEAREST FRIEND

Died at <u>Hanover</u> -		Town <u>Hanover</u> -		County <u>Carroll</u> -		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days	
1905	12	26	~	~	~	3 days	
Sex <u>Male</u> -	Color or Race <u>White</u> -	Birth-place <u>Hanover</u> -					
Occupation <u>~</u>	Where Residing if not at place of death <u>~</u>						
Married, Single <u>Married</u>	Name of Wife or Husband <u>~</u>						
Father's Name <u>Howard E. Wachler</u>	Father's Birthplace <u>60</u>						
Mother's Maiden Name <u>Miss Gertrude C. Wachler</u>	Mother's Birthplace <u>60</u>						
Name of person giving information <u>Howard E. Wachler</u>	How related to deceased <u>Father</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>12 hours</u>
Immediate <u>Exsanguination</u>	How long <u>~</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes -</u>	Signature of Physician <u>Franklin Buchanan</u>
	Address <u>Eden</u>
Accident or Suicide? <u>No.</u>	



Name
in
Full

Louis F Wachter

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Frederick City Hospital		Frederick			
Date of death	1905 - 12	Month	19	Year	Months
Age	79			X	X Days
Sex	Male	Color or Race	white	Birth-place	Fred 60
Occupation	Farmer	Where Residing if not at place of death			N. Patrick St
Married, Single or Widowed		Name of Wife or Husband	Catharine Wachter		
Father's Name	Geo Wachter			Father's Birthplace	Unknown
Mother's Maiden Name	Maria Bungle			Mother's Birthplace	" "
Name of person giving information	Mrs Mail Collier			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Humpuga

64

How long

6 weeks w/c

Immediate

Manitol

How long

Gradual.

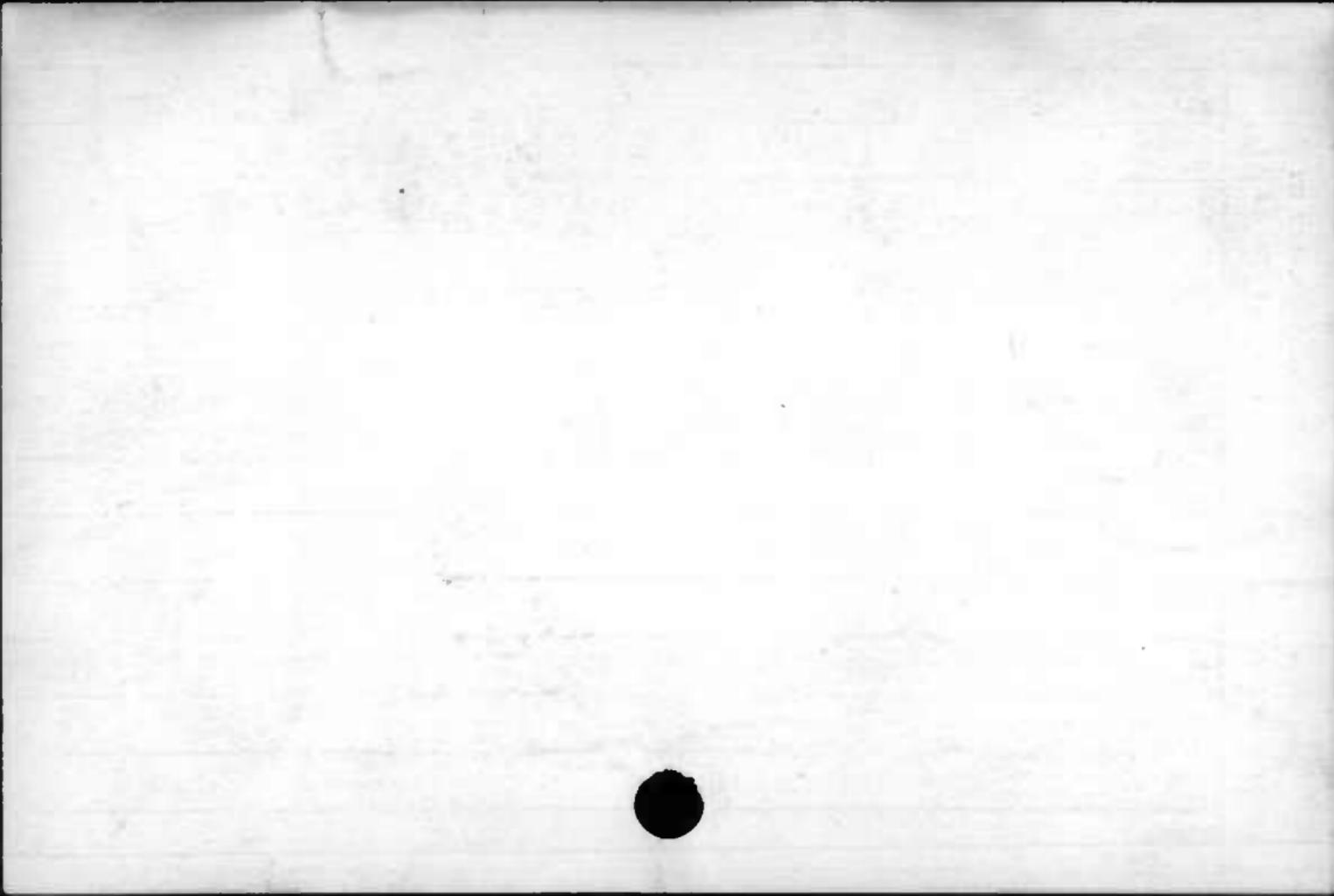
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. Johnson M.D.
Indonesian M.D.

Accident or Suicide?



Name
in
Full

Susan Ellen Willis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		39,	
Died at	New Market	Frederick		39,	
Date of death	1905	Month	12	Day	29
Age	95	Years		Months	
Sex	Female	Color or Race	white	Birth-place	don't know
Occupation	—			Where Residing if not at place of death	—
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Lewis C. Willis			Father's Birthplace	Easton of old Eastern Shore
Mother's Maiden Name	Anna Eliza Babbhoff			Mother's Birthplace	Don't know
Name of person giving Information	L.O. Willis			How related to deceased	nephew

CAUSES OF DEATH

Primary

Arterio-Sclerosis

How long

for years

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

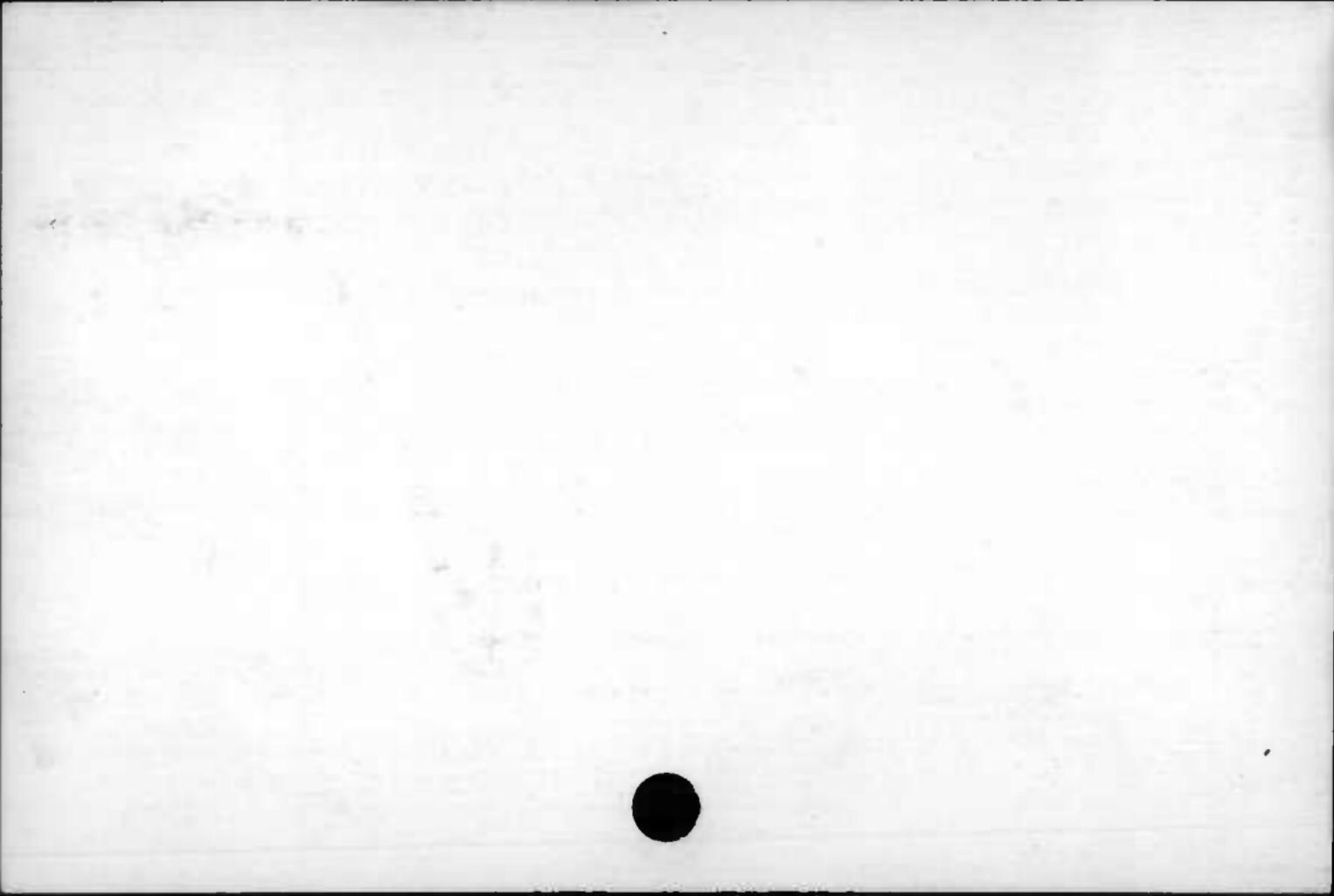
H. H. Hopkins Jr
New Market

Mayland

PHYSICIAN
OR CORONER

Accident or Suicide?

no



Name
in
Full

Jessie M. Ginger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Frederick	County	Frederick	MARYLAND					
Date of death	Month	1905 Dec	Day	17	Years	37	Months	10	Days	13.
Sex	Color	Female	Race	White	Birth-place	Frederick, Md.				
Occupation	House Wife			Where Residing if not at place of death	Home					
Married, Single or Widowed	Married		Name of Wife or Husband	Mr. T. Ginger						
Father's Name	John Troxell			Father's Birthplace	Frederick					
Mother's Maiden Name	Margaret A. Flagle			Mother's Birthplace	" " "					
Name of person giving information	John T. Ginger			How related to deceased	Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pernicious Anemia

How long

7 Mos

Immediate Chueton -

How long

+

Are the name, age, sex, color, date and place correctly given above?

Yps

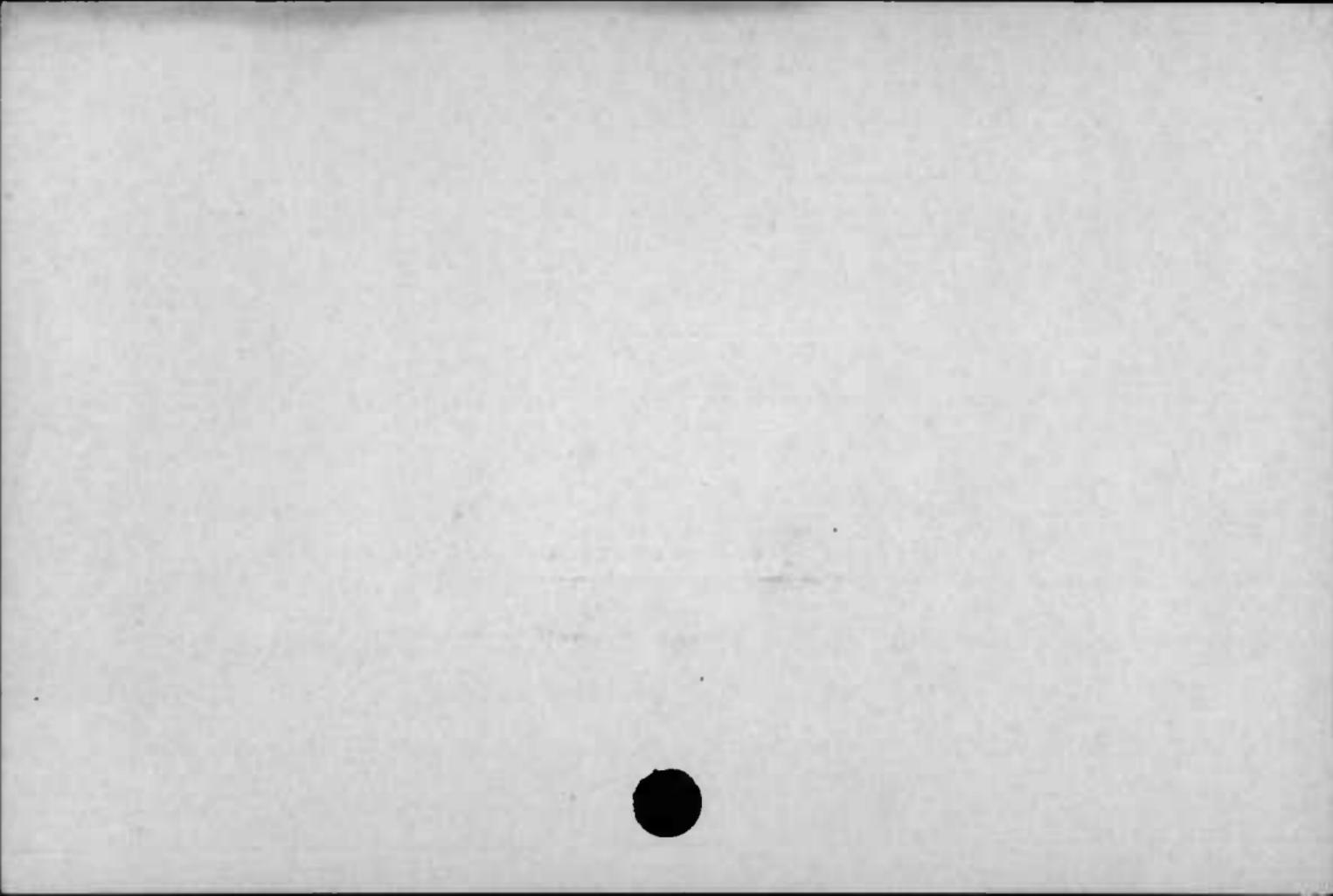
Signature of Physician

Address

S. S. Hayward M.D.
17 Second St. W.

Frederick Md.

Accident or Suicide?



Name
in
Full

Anna M. Young

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Frederick	County	Frederick	MARYLAND
Date of death	Month	Dec 9th	Years	33	Months
Sex	Color or Race	Female	White	8	Days 12
Occupation	Where Residing if not at place of death	S. W.	St. George St. Pa.		
Married, Single or Widowed	Name of Wife or Husband	named	George M. Young		
Father's Name	Father's Birthplace	William P. Edwards	Pa.		
Mother's Maiden Name	Mother's Birthplace	Eliza J. Snyder	Pa.		
Name of person giving information	How related to deceased	Ed. Young	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	abortion	(134)	How long	2 weeks
Immediate	Septic Pneumonia		How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Address	Frank Hedges Frederick
Accident or Suicide?				

